DEPARTMENT OF PUBLIC HEALTH NURSING
UNIVERSITY OF TORONTO

Vol. XVIII. No. 5

THE CANADIAN NURSE

AND HOSPITAL REVIEW

Owned and Published Monthly by the Canadian National Association of Trained Nurses

PRINTED BY EVANS & HASTINGS, VANCOUVER, B. C.
Registered at Ottawa, Canada, as Second-Class Matter

MAY, 1922

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All Communications to be addressed to the Editor and Business Manager, Vancouver Block, Vancouver, B. C.

Subscription, $2.00 a Year **Single Copy, 20 cents**

Entered as second-class matter March 19, 1905, at the Post Office at Buffalo, N. Y., under the Act of Congress of March 3, 1897.

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THE

CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager..... MISS HELEN RANDAL, R.N.

VOL. XVIII. VANCOUVER, B. C., MAY, 1922 NO. 5

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Memorial Committee

MONDAY, APRIL 10, 1922

The regular meeting of the Memorial Committee was held in the Nurses' Residence of the Toronto General Hospital at 2.30 p.m.

REPORTS FROM PROVINCES:

Alberta: Active sub-committees are at work in various parts of the Province. A good suggestion comes from Medicine Hat. Each nurse of that association promises to contribute the sum of $10.00. If she feels that she cannot herself do this, she engages to be responsible for the sum of $5.00 herself and to secure the remaining amount from some other source. Letters are being sent to Alberta nurses living in the United States.

Saskatchewan: Free publicity has been obtained in all the leading papers in the Province. Organization expenses are being borne by the S. R. N. A. The name of a Saskatchewan designer was submitted to the committee.

Ontario: Reports from certain alumnae associations that they have started work.

Quebec: The best report from the Dominion. Over $1000.00 has been collected from the nurses in Quebec City. Considerable publicity has been obtained in both English and French press.

New Brunswick: Reports progress in organization.

Prince Edward Island: A verbal report was given by Miss V. N. Macdonald and two letters were read from Miss MacMahon. Together these explained the situation in Prince Edward Island. The nurses there will appoint a local committee and hope to do their share towards raising the Memorial Fund.

Nova Scotia: A verbal report from Miss V. N. Macdonald showed that progress was being made by the committee in Nova Scotia.

It was moved by Miss Dickson, seconded by Miss Mathieson, that the provinces should be reminded of the decision of the National Committee that collections were to be forwarded monthly to the National Treasurer.

PUBLICITY COMMITTEE:

Miss Mathieson reported a letter from Miss Randal stating that the Editor of the Pacific Coast Journal had promised free publicity.

Miss Mathieson also reported a letter from Miss Jamieson of Montreal, explaining that the French papers had been more willing than the English papers to give good publicity. The English papers had wished the nurses to spend money largely on advertising, but the nurses had not felt authorized to do so.

Correspondence was next read between Miss Dickson and Mr. Hunter, Deputy Minister of Public Works. Mr. Hunter wanted more detailed information about the nurses who had died overseas. Miss Macdonald has obtained the following from the American Nurse Corps: "Six died in line of duty abroad, and six in line of duty on home service."

We wish to congratulate those provinces that have made active progress in this work. Quebec City, true to tradition, is leading the nurses in this national undertaking; we should all be glad to acknowledge that leadership and fall into line rapidly.

Alberta's plan and the good publicity work done in Saskatchewan and Quebec are points of special interest.

FRIDAY, MARCH 24, 1922

A special meeting of the National Committee was held to receive reports from Mr. Darling, of the firm of Darling & Pearson, Architects, Toronto.

Miss Gunn presented the following report of her interview with Mr. Darling:

1. Mr. Darling advised that our Association appoint a business committee to collect designs and transact the business in connection with the carrying out of our purpose. The suggestion was that the committee should consist of three men, an artist, an architect, and a lawyer.

It was moved by Miss Macdonald, and seconded by Miss Stewart, that we accept Mr. Darling's offer to ask three Toronto men to form this committee. The same motion instructed the Secretary to ascertain what financial obligations we shall be assuming in accepting the services of the committee, and to ask Mr. Darling to the Annual Meeting of the C. N. A. T. N.

2. Mr. Darling had investigated very carefully the cost of this proposed monument, and now informed Miss Gunn that the estimate might be lowered considerably. He thought $35,000 would cover the expense of erecting the monument. It was felt that this information would greatly relieve the anxiety of the Provincial Committees now trying to collect money. The extra expenses of the Committee and the paying for unused designs might bring our total expenditure up to $45,000, but that should cover everything.

It was moved by Miss Stewart and seconded by Miss Hartley that we would wish the monument to present some visible expression of the nursing sister and her work.

A letter from Miss Potts was read, in which she consented to continue her work as convener of the Ways and Means Committee.

Two letters were read objecting to the Memorial taking the form of a monument. These were from Miss M. Shaw, of Quebec City, and Miss Beatrice M. Harvey, who gave no address. It was moved by Miss Dickson, and seconded by Miss Stewart, that we advise these two correspondents that their views will be discussed at the annual meeting, when the whole subject will be discussed.

E. K. RUSSELL, Secretary.

"There's no work so tirin' as danglin' about, and starin', and not rightly knowin' what you're goin' to do next, and keepin' your face in smilin' order, like a grocer on market day."—*George Eliot.*

Nursing Organizations

By Dr. W. E. Musgrave,
Secretary, State Medical Society.

From the arrangements of your programme and from your invitation to speak to you upon the subject of "Nursing Organizations," I judge that you are desirous of hearing a serious discussion of this important subject.

Your invitation is accepted with due appreciation of the honour it confers, and I shall speak to you quite frankly about some phases of organization that are of concern to nurses; concern not only for the welfare of your profession, but for the betterment of medicine and public health in the interests of all of us.

What and wherefore are organizations? In this organization-mad era and prefatory to the consideration of our subject, it seems pertinent to get clearly before us the purposes and methods of really effective organizations. Then it is advantageous to examine and compare existing organizations with this best as it should be. After outlining these two points, my message would be incomplete without making constructive suggestions for improving what is now realized by all students as an unsatisfactory situation.

Nursing Organizations.

Organization should express in a wholesale way what the individual members of that organization stand for in a retail way. The ethics, purposes and methods of the individuals should be embodied in mass action made effective by methods that have been proved to be adequate for their purpose.

To insure permanent effective organization it is necessary that the purposes, personalities and methods of the group of individual members are such that they can be blended into a common platform; it is necessary that there be a real field needing coverage by such an organization; that the platform be practical economically; that it may bid for and hold public confidence and support; that there be a place for it to fit into among other organizations, not only without injury to them but that it be of direct assistance in discharging the composite duties of the functional field covered.

Perhaps most important of all is the method provided to insure effective, economical, sympathetic discharge of functions and the recruiting, discipline and control of the organization's internal affairs. When we consider the purpose, methods, economies of contact of any group of the thousands of existing organizations in the light of the above definition, the outlook is not encouraging.

In the broad field of the healing art alone we have numerous organizations, the vast majority of which have no excuse for existence. They are expensive and time-consuming for their members, and by their existence and activities interfere with the proper functioning of essential and effective organizations. Most of them have been organized without due consideration of the field they were to cover; whether in fact their function deserved such recognition; and too frequently they only weaken the efforts of worth while organizations already fully covering the field.

It is enlightening and very much worth while, although somewhat depressing, for anyone to seriously study this situation as it is. The saddest part of this programme is, that most of these organizations are "paper" organizations, whose constitutions and by-laws are modified from some other unsuccessful plan. They contain few or none of the elements common to all successful organizations, whether religious, social, medical or financial, that have lived and justified their existence by the results accomplished.

The medical field—which of course includes nurses—seems to be especially prolific in developing and fostering useless and expensive organizations, many of them incompletely or unwisely conceived, loosely drawn, poorly managed and serving no useful purpose.

Of nursing and near-nursing organizations there are a considerable number. I have examined the objects, constitutions and by-laws of quite a few of them, and have studied the functions and methods of many. The result is not a happy conclusion. Many of them fail in a satisfactory statement of purposes that in inclusiveness or in definition meet adequately the legitimate demands of modern medicine and nursing. They do not outline with sufficient clarity the relation of nursing in all of its broad functions to other medical organizations, nor to the problem of health as a whole. And they do not provide adequate machinery to insure efficient, effective mass action that could initiate new activities or further develop those now in existence.

The failure to recognize nursing in all of its branches as an integral, inseparable part of medicine,—a great technical specialty of medicine—is to no small degree responsible for the unenviable position of these great humanitarian professions to-day. If nursing is not an integral part of the practice of medicine, then what is it? And yet both the medical and nursing professions have all but completely ignored this fact in their organizations. Is it any wonder that without common purposes in organization, under a single or closely affiliated control, a loss of touch or even disharmony between the individual physician and the individual nurse and between both and the patient occurs more frequently than it should?

The time is here when the physician cannot practice medicine as it

should be practiced without the assistance of the nurse and several other types of specially trained technicians. By the same token the nurse cannot render her service as it should be rendered in any other capacity than as co-worker and assistant to the physician. When she gets into any other field, she gets into dangerous waters, as many are now doing.

The various specialties of nursing are developing one after another, just as they have done in medicine. You already have recognized some half dozen specialties, and a new one is being split off ever so often. Some of these are necessary and are due to the normal evolution and expansion of your fields of activity. Others have no excuse for existence as independent groups.

Nurses are making the same serious mistake that the medical profession made years ago, by creating and organizing their specialties as something independent and apart from the parent profession. Instead they should be branches of the great tree trunk, inseparable from it and dependent upon it for sustinence. Each time a new specialty in medicine—including nursing—is developed and produces an independent organization, the strength and usefulness of the profession is definitely decreased and the cost of medicine and public health increased to the public.

Nurses, even more than physicians, both as individuals and under the guise of special organizations, are being used as agents of educational, political and social bodies and persons for purposes that are too often unsound or visionary. This too often to your disadvantage as individuals; destructive of your traditions and ideals; perversive of your efforts from the sound programme of public health to chasing rainbows in the form of social and psychological madness and pulling chestnuts from the fire for groups who know exactly what they want. Leading members of your association have brought this subject to my attention. Numbers of educated nurses have pointed out that, after years of special study and training and of practical and scientific experience second only to that of physicians, you ought to be doing fine constructive public health and curative nursing under guidance of competently trained medical leadership; but that many of you actually are taking orders from persons and organizations who know much less than you do of medicine and health and are not competent to outline your duties or direct your activities. This is a justifiable complaint that you discuss whenever you meet; you resent all that it means, and yet you have not the power as individuals, nor have you the character or organizations that can influence the situation.

Any relatively small group of persons can at any time add a new organization to the already bewildering number of those devoted to special limited and oftentimes comparatively unimportant problems of

health. Although the field may already be covered as adequately as the relative importance of the subject requires; although the methods proposed may be impracticable; although the organization may be without trained leadership and owe no allegiance to any of the existing agencies in other contiguous fields; still certain kinds of flamboyant artificial popularity are secured in many instances, and in a short time legitimate medical and health agencies have to contend tactfully and carefully with another group of muddlers, and the public must bear the expense in one way or another of a harmful luxury, the only excuse for which is to flatter the vanity of self-constituted health protectors who are not prepared in any way to accept such responsibility.

For any health agency to have more than temporary existence requires either the tolerance or co-operation of physicians and nurses. That so many are tolerated is a reflection upon the members of both professions and an indictment of organizations. This intolerable condition is recognized nationally by thoughtful men, and steps are now well under way to remedy this serious situation.

The great cost of the prevention and cure of disease is not due to extravagant charges for services rendered by members of the medical and nursing professions. Very few members of either profession are making more than a living. The question of whether a nurse receives $5.00 or $6.00 a day and what a physician receives per visit is almost unimportant compared with the hundreds of thousands of dollars the public is paying for the support of many useless and even dangerous organizations of one sort or another engaged in some alleged special health field and spending unwisely much of the vast sums which they receive from the public by donation and taxes.

The exploitation of medical, public health, nursing and allied professions, so necessary to even a pretense of success in this form of propaganda, is constantly on the increase. One wonders how long it will continue and where it will go before the rightful leaders in the prevention and cure of disease assume their proper place in direction and execution, instead of being, as they now are, to a remarkable extent in some states the followers of leaders who mislead, because of little knowledge, which is always a dangerous thing.

The remedy is, appropriate, unselfish, well conceived, well co-ordinated, well directed organization and co-operation of the devoted and well-trained profession of this special field.

The time has arrived also when all organizations and individuals pertaining to medicine and public health must have due regard to the public interest and particularly to the cost of supporting the preventive and curative health machinery. As now operated, with dozens and hundreds of independent elements, the public cost is far in excess of

what it should be, and it behooves all leaders to give serious consideration to this phase of our problem.

The multiplicity of small hospitals covering special and limited fields, with excessive overhead; the duplication of health organizations that are normal parts of any complete hospital; the setting up of health units as branches under all sorts of organizations as a side issue, many of which are exploiting both the medical and nursing professions and have not the confidence of either; and various other organization faults, will all be impossible when the agencies of medicine are operating as they should operate as a unity for the most efficient and economical handling of health problems.

The leaders of our profession engaged in preventing and curing disease are coming to recognize that they are all essential parts of the machinery required to function in their field, and they are expressing this sentiment in their organizations and reflecting it in their individual activities. When that movement becomes general and when at the same time several organizations are made to include the essential requirements for successful mass action, it is going to be good again to be a physician, and it is going to be good again to be a nurse, and both will come again into their just heritage in public confidence and love, and the health and happiness of the world will have taken another long step in advance.—*The Pacific Coast Journal of Nursing.*

THE NIGHT NURSE

Thro' the long watches of the night,
When temps are lowest and pulses feeblest,
When each small sound seems just *so* large,
And tiny shadows rise and meet us.

Each bedside we visit quite often,
Each treatment, in spite of the shadows and cold,
Must be faithfully, religiously given,
And we battle with Death's grim hold.

How few, dear people, or how many,
Just know how it feels to be there?
When the hours are long, our thoughts our own,
And God, if we will, to take care.

Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By MAUDE E. SEYMOUR ABBOTT, B.A., M.D.,
Curator of the Medical Museum, McGill University

LECTURE X.

SECTION 22.

NURSING IN THE GREAT WAR.*

(a) The British, (b) The Canadian, and (c) The American Army Nursing Services; (d) Edith Cavell, and others.

(Continued)

(*c*) AMERICAN NURSING IN THE GREAT WAR.

(1) *Volunteer Help. The American Ambulance at Paris and the Western Reserve University Unit.*

Remarks: The Americans entered the World War in May, 1917; but long before this time, indeed from the very outbreak of hostilities, the sympathy of a large portion of the educated American public, especially in University circles, was keenly with the Allies, and an extensive organization was carried through for the making of surgical supplies, the raising of funds and the establishment and equipment, and, finally, the organization of the personnel of base hospitals for the relief of suffering France, or the assistance of their British Allies. The following account, kindly supplied by Miss Agatha Hodgins, of the first University Base Hospital so organized, namely, the Western Reserve University unit, which was sent to the earliest and probably the most celebrated of these American Hospitals in France, namely, the American Ambulance at Neuilly, may fitly precede the official account given below of the Nursing Service of the American Expeditionary Force.

In the fall of 1914 the officials of the American Ambulance at Neuilly, through the American Ambassador, the Hon. Myron T. Herrick, and Dr. Joseph H. Blake, on behalf of the Medical Board of the Ambulance, endeavoured to interest different American universities in the work of the ambulance. They were actuated by two purposes: first, that the various cities in which these universities were located might acquire a personal interest in the ambulance; and second, that

*Copyright 1920

the universities might thus secure a first-hand knowledge of Military Surgery, which would be of inestimable value whenever the necessity for such knowledge should arise. Correspondence between Western Reserve and other universities enlisted the immediate interest of Harvard, Pennsylvania and Chicago Universities, each of which decided to take advantage of this opportunity, and in each surgical units were formed, from among which the Western Reserve University Unit was the first to go into service.

In the belief that the greatest efficiency would result from the service of men with similar training, the Director of the Unit selected men from among his immediate associates and from his staff at Lakeside Hospital, the remainder of the group consisting of nurse anaesthetists and nurses from the operating-room staff of Lakeside, with two additional members for special research.

This expedition was made possible by the generosity of Samuel Mather, Esq., who financed the organization, with the exception of the expenses of the Director and his associates. H. M. Hanna, Esq., also made a generous contribution, which was used for research. Mention should be made, also, of the generous gift of the Ohio Chemical Company, who donated one of the gas machines taken by the unit, while the American Express Company paid for the transportation of the gas to the pier in New York.

The Western Reserve University Unit sailed from New York on the SS. Adriatic, on December 28th, 1914. Their service at the American Ambulance terminated April 1st, 1915, when they were succeeded by the Harvard University Unit.

One of the important features of this service upon which special comment should be made, because of its bearing upon one of the most important phases of the work of Base Hospital No. 4, two years later, was the practical demonstration of the paramount value of nitrous oxid-oxygen anaesthesia in operations upon the wounded soldiers. The English and French surgeons were so impressed with the value of this anaesthetic that a French surgeon was ordered to the American Ambulance to receive instruction, and English nurse anaesthetists were also sent there to be taught by the chief anaesthetist of the Unit, Miss Agatha Hodgins. By special request of the officials of the American Ambulance, Miss Hodgins remained for a period after the return of the remainder of the Unit to give instruction to doctors and nurses.

The formation and service of this Unit marks the beginning of the University Unit plan of organization for military medical service, out of which the Civilian Base Hospital organization, adopted later by the American Red Cross, was developed."

Slide 245. Nursing Sister Agatha Hodgins, Educated in Toronto, Wellesley School and Harbord Collegiate. Took nurses' training in Boston City Hospital; post-graduate work in Boston Lying-in-Hospital, then came to Cleveland and took the position as head nurse of the Private Pavilion. After one year, took up anaesthetic work for Dr. Crile. In 1911, Dr. Crile, being appointed to the chair of surgery, Western Reserve University, and Chief Surgeon at Lakeside, appointed Miss Hodgins as Chief Anaesthetist of this hospital. In 1914 a "School for Anaesthesia" was established here by Dr. Crile and his staff, of which Miss Hodgins was made Directress. This has now become an important school, receiving pupils from all over the world.

Slide 246. Group: Dr. Crile and Miss Hodgins with gas apparatus in the Anaesthetic Room at the American Ambulance, with Sir Berkeley Moynihan and Mr. Braithwaite.

Slide 247. American Ambulance at Paris. The building of the Pasteur Lycée. In this volunteer hospital a splendid service was rendered to the French and Allies from the beginning of the war.

Slide 248. Ward at the American Ambulance. The blankets were of army blue and the tile floor of soft pink and white brick. Note the spacious character and orderly appearance.

Slide 249. Chapel at the American Ambulance, Paris. This was used by both Episcopalians and Roman Catholics. One denomination worshiping at one end of the Chapel, and the other at the other end. The picture shows the Roman Catholic altar.

(To be Continued)

SIXTEENTH CENTURY WISDOM FOR 1922

"Home is everywhere to thee
Who canst thine own dwelling be;
Yea, tho' ruthless Death assail thee,
Still thy lodging will not fail thee:
Still thy Soul's thin own; and she
To an House removed shall be;
An eternal House above,
Walled, and roofed, and paved with Love.
There shall these mud-walls of thine,
Gallantly repaired, out-shine
Mortal stars;—no stars shall be
In that Heaven but such as Thee."

—*Joseph Beaumont.*

For a patient who is always losing her handkerchief and wants it "at once," try pinning a yard of baby ribbon to the left side of the nightgown with tiny safety pins, and fasten the handkerchief to the other end.

Where to go for Money in Organized Work for the Sick

RICHARDS M. BRADLEY, BOSTON, MASS.

The organized service which the general public requires in connection with sickness and maternity has of late years been found to cover more and more new fields of effort, and has been found to require for its satisfactory accomplishment an increasing amount of specialized work, often involving expensive building and equipment, and calling for a continually enlarging personnel of workers.

While from these causes there comes an imperative call for much new money, at the same time the old work is costing much more than ever before. Meanwhile the supporters of our hospital and nursing work find their funds reduced by high taxation and business reaction, and are subjected to additional calls for assistance from all quarters of the world.

It is not to be wondered at that many old and tried institutions are finding it hard to carry on. Simultaneously with all this, an awakened public interest is finding itself deeply and fundamentally dissatisfied with much of this service as it has existed in the past, both because the service they have learned to want is insufficient and because of its charitable character. We, therefore, hear calls for state subsidies, state insurance, and public control of work that has hitherto been left to individual workers, or to self-perpetuating privately controlled philanthropic bodies. This dissatisfaction may be encouraged by demagogues and self-seekers, but it has a real basis in defects that are only too manifest.

A house to house canvas of a cross section of the people taken almost anywhere in country or city, showing what has actually happened to the people in sickness and maternity, will convince the most skeptical that there is a radical maladjustment between the people and the service that they should get, and that the machinery for getting the people to the service and the service to the people is not working satisfactorily.

Moreover, no one who has realized the honest repugnance felt by the ordinary plain citizen for the charitable or semi-charitable methods connected with much of the organized help available, can doubt the sincerity of those urging improvement.

We can sum up these complaints by saying that while technique is constantly being bettered and individual work in medicine, surgery and nursing is constantly improving, the application to the people of the knowledge and skill thus acquired is failing in efficiency This state of affairs is bringing a call for various remedies that are probably worse than the disease, and, before we drift further into perilous waters, may it not be well for us to ask ourselves whether this palpable failure of satisfactory accomplishment in what is one of the most important fields of

human effort, is due to the peculiar nature of the work or to our own present methods of trying to accomplish that work.

Why is it that the great and important industry of caring for sickness and maternity should be in such a condition of unsatisfactory accomplishment, and of financial distress, that government operation and resort to the taxpayer should, to many persons, present an attractive short cut to better things?

Why should this be the case when not only are our public health officers fully occupied with the enlarged duties of their original field, but the public has just become pretty well convinced that in almost all other lines of human enterprise the extension of government effort is to be avoided wherever possible? Why is private enterprise in this particular field so inadequate, and so embarrassed financially, that increased government work is urged as a desirable alternative?

It is my conviction, after a long experience in trying to get things done by organized service for the sick, that this failure is not due to the peculiar nature of the service to be done, but to the peculiarly unsound way in which it is being done on its financial and business side. We have here what would be an absurdity were it not too often tragic in its results. We see a rich nation needing to have done a large amount of service, in connection with sickness and maternity. This work is perhaps the most important of all human services. It is a service that the nation evidently cannot afford not to have done; yet that service is being done in a most insufficient manner. We hear constant complaints that there is not enough money for it, while at the same time vastly greater amounts of money are being drawn from the pockets of the people for amusements, luxuries, and other things that are comparatively of little importance.

While technical efficiency in medicine, surgery and nursing is constantly increasing, we see for whole sections of the population the application of that improved service to actual cases becoming less and less efficient, while for other large portions of the people progress is fatally slow in getting the service to the cases, or the cases to the service. In this state of affairs we hear the call for two chief remedies, namely, a more extended resort to the government and to the taxpayer, and greater contributions from the philanthropist.

It is my suggestion that for a large portion of this problem neither of these methods is the true way out, and that the true way out is what has proved the normal, ordinary, and effective way for nearly every other organized effort to serve the public's needs.

That way is to expect financial support from the consumer, or, in other words, to offer the person to be served the service that he needs in such a form that he can pay for it, and to require him to pay for it.

To use a common business expression, it is about time for us to undertake to sell the necessary organized service, nursing, hospital and otherwise, to the consumer, and not to somebody else, and to undertake

to do this on sound business and financial lines suited to the needs and nature of emergency service.

The financial and business failure of our so-called system is not that of the professional workers in their own proper field, but of the business and financial men connected with this work who are failing to give it their business brains. It is a strange phenomenon that these men, in this connection, pursue methods that, as business and financial methods for accomplishing the purposes intended, are unworthy of comparison with the lowest standards of any other field of business effort.

It is true that of late years there has been some progress in accounting and in administrative economics, though there is room for much more, but this is not the fundamental trouble. That fundamental trouble has its origin in the fact that nursing and hospital work was originally organized to aid the pauper classes, and is still conducted with traditions and methods suited to the pauper and not to the people. These pauper classes were in former days regarded as a large and necessary part of every properly constituted community, and their existence, in the eyes of many good and devout people, was supposed to be called for by a sort of divine decree, declaring that poverty and dependence are a necessary factor in the production of benevolence.

The study of social science, and a more enlightened social and industrial system, has brought us to see that in this country, at least, this dependent class can be reduced to a comparatively small proportion of the whole, and it is neither necessary nor desirable to make that class a determining factor in the organized service of the sick. Old ideas, however, die hard, and the idea still holds sway that in connection with this work we are justified in the unnecessary infliction of benevolence upon our fellow beings, which act I sincerely hope will sometime be promoted to its proper place among the deadly sins, since it is as bad morally as it is financially.

At the root of our inefficiency is this medieval idea that charity is a controlling factor in organized therapeutics, together with the idea that the service of the sick and suffering, or of the helpless mother and child, is something more important and so appealing that the application of ordinary business method and common sense to its relief is a profanation.

I read only yesterday of some "big-hearted man" who had endowed a great specialized hospital where none but those unable to pay were to be admitted, as if disease and suffering were an exclusive possession of poverty, and as if his self-supporting fellow citizens had no need of highly organized service. The foundation provisions of some of our oldest hospitals are permeated with this same error, which has sapped their vitality and limited their usefulness to an untold extent. This provision of hospital and nursing service exclusively, or primarily, for the pauper has been modified nowadays into the "pay what you feel like" method, which is erroneously supposed to dispel the atmosphere of pauperization, but

largely fails in extending needed service to the independent classes. Morally, it is rather worse than the exclusively charitable method, because it is not straightforward; financially, it is also a failure.

Now, what the ordinary citizen calls for is neither charity nor indulgence. What he needs and wants is a pay envelope or a salary check sufficient to meet his daily needs, with a sufficient margin for emergencies, and he needs to have his emergencies so financed that he can pay for them from that margin. He has full appreciation for the philanthropic endowment that makes possible the great school, university, or hospital, or nursing organization, with a high standard of service open to the people on equal terms, but when he takes that service he wishes to go to the hospital, or to the nursing service station, as well as to the school, or to the university, with his head up, and on the basis of self-respecting equality with no favors asked.

What is it that is necessary in order to enable him to buy this service in this way? Simply the recognition that it is emergency service and that we must finance it accordingly on the benefit payment or insurance basis, as all such things must be financed if the ordinary consumer is to pay for them.

Disease and sickness are not expenses that come with regularity like taxes, rent and food. They strike here and there, but owing to the philanthropic fog that has clouded our financial intellects in this connection, we as a rule make no provision for that fact. If a salaried man or mechanic loses his house by fire and has no insurance, he is pitied for a fool by his neighbors, because they are educated to use fire insurance, but let him have two or three capital operations, or a severe epidemic in his family, and it is treated as an act of God, the probability of which apparently no human wisdom could possibly have foreseen. He must either partake of charity in some shape or suffer unassisted. There is no systematic effort to find out what it costs to give him this service and to offer him insurance against that cost. Yet such things are just as certain to occur as fire, and many of them are less preventable.

The way out for our own organized services, both nursing and hospital, if they would serve the whole people, is to put this emergency service of theirs into such shape that the people can pay for it; in other words, to sell it to the consumers, in the form of benefit payments for hospital and nursing service. There is plenty of money in the country for repairing a broken down motor and there is good service for that purpose on nearly every corner, for the simple reason that those who furnish it are able to do so since they get themselves paid for it.

I respectfully suggest that the same principle be applied to broken down bodies, and that you get your trustees and committees to diminish the swelling of their philanthropic pride, and apply a small portion of their good business brains to getting more of your expenses paid by the consumer through benefit payments and proper financing for emergency

work. Make them get to work and sell your hospitals, and your nursing, to your consumer in benefit payments. This is no pipe dream, it is done by the Metropolitan Insurance Co. for some of the needs of our very poorest—out of their pockets. It has been done for years in some countries by nursing benefit payments for associate members, that cut the ordinary fee in two for such members, at the expense, one of the founders told me, equal to a couple of dozen or so drinks per man. The same thing can be done here, and it can be done just as well for many other emergencies such as capital operations, with a still larger portion of the cost paid through benefit payments, for people don't indulge in capital operations, as they do in nursing, for the sake of mere comfort

Don't let your trustees potter around trying to get a lot of elaborate statistics as a basis for benefit payments. Take a few hundred families and make up an offer of this emergency service that they will probably need, estimating its probable cost, as best you can, and make your trustees underwrite your guess. Get your system going and you will soon enough find where it comes out in practice. Don't worry if you don't get many buyers at first. Put your cost accountants at work and find out what is the reasonable cost of every piece of service you do, and charge for it. Show what it will cost with benefit payments and without. Then if there is trouble, you will be able to show what your benefit payments can do.

This kind of dealing with Mr. Ordinary Citizen will be better for his soul, and he will respect and like you all the better for it. Your real dependents who cannot pay benefits should be financed from special funds treating dependence rather than disease, in a way distinct from the independents. Incidentally, you will find what are your parasite underpaid industries whose sick employees come on the public charge. There will still be plenty of scope for your philanthropists in taking care of these dependents, if your benefactors are not interested in enabling high standard service to be given for all. Incidentally, in furnishing better service for all, you will be able to furnish better service even for the paupers. There is more money for your work in the pockets of the people than anywhere else. Go after it.

I am aware that in what I have said I am addressing a body of very busy people, whose greatest interest is in things that are not financial. As a class, you attend to financial things only when you have to, and you do it merely because you are not able to do your work from lack of money.

This sermon I have tried to preach, like many other sermons, is needed most by the people who are not in church. Therefore, I ask you to pass it on. It is needed by those important bodies—your trustees—who, as a class don't attend hospital meetings, but give their business brains to other things, and reserve their philanthropic emotions for their hospitals. What is more needed by the hospitals, and other organizations for the sick, is their business brains, and therefore I am presenting you with this short discourse as a testimony of a business man, to the effect that it is the

business side of your proposition that is weak, and that it behooves you to get the business side of your hospitals to sit up and pay attention to this subject.

You cannot, many of you, run hospitals and start a financial enterprise at the same time, but it is possible for you to get after the financial members of your board and present this testimony, to the effect that up to the present date their financial methods are not worthy of them, and because their methods are not up to ordinary business standards, their whole enterprise is threatened with failure.

Many of your trustees can sell almost anything to the people when they try, and they can sell them your hospitals, if they will take the time and trouble, for the goods in this case are worth more than the money they cost, and they have not even attempted to reach the real customer—the consumer. I take the liberty of advising you to tell them this and not to give them any peace until they really wake up and take hold of it.

The Trained Nurse and Hospital Review.

Read at the 1921 conference of the American Hospital Association Convention, West Baden, Indiana, September 12-16.

President Harding, in endorsing the second annual observance of National Hospital Day, May 12th, has written the following to the National Hospital Day Committee which is in charge of this movement.

> "I was pleased to learn from your letter that you are going to celebrate National Hospital Day again this year, on May 12th, the anniversary of the birthday of Florence Nightingale.
>
> One of the finest and most humane products of our civilization is the modern hospital, and every activity which aims to assure its advantages to an increasing number of people deserves all possible encouragement."

The National Hospital Day Committee, 537 South Dearborn Street, Chicago, Illinois, will be glad to forward suggestions for a programme to any hospital which has not yet made plans for National Hospital Day. It is pointed out that one of the most successful celebrations last year was that of a California Hospital, which did not learn of this movement until May 6th. In six days this institution arranged and carried out a programme which brought material benefits in the way of an aroused and interested community.

Editorial

C.N.A.T.N. Convention, Edmonton, 1922.

At the National Convention of the C. N. A. T. N. to be held in Edmonton in June, it has been decided to devote considerable time to the examination of exhibits from hospitals throughout Canada of various devices which the members of the staffs have severally found useful in their institutions. These devices will be of such a nature as to promote the economical administration of the hospital, to simplify or expedite the nursing procedure on wards, or to promote the comfort of patients.

It is requested that the superintendent of the various hospitals throughout Canada should send contributions to these exhibits, and arrange for the demonstration of the exhibits at the proper time. This may be done either by arranging with some delegate to speak on the device, or by a brief letter accompanying it.

It has further been suggested that this exhibit include samples of the Training School Records of the various training schools. All these would prove both interesting and helpful, especially to those engaged in hospital and training school work.

* * * *

The programme of the C. N. A. T. N. has not yet reached this office in its completed form, but a tentative one has been sent in by the convener of the Programme Committee. Among the papers will be one on "the Linen Department and Laundry in large and small hospitals," by Miss Mary Catton, Ottawa; "The Operating Room and its Equipment, Care Supplies, etc.," by Miss Ferguson, of the Toronto General Hospital; "The Municipal Hospital System of Alberta, (a) from an Organizer's Point of View," Mr. Whiston; (b) "from a Matron's Point of View," (c) "Point of View of the Public Health Nurse," Miss Clark; "Pioneer Days in Alberta," Dr. Mewburn; "Nursing in the Early Days in Alberta," Miss Moodie, first graduate of the Calgary General Hospital. "Training School Inspection and its Effect on Nurse Education in British Columbia," Miss Helen Randal.

Demonstration of Training School Records, exhibition of devices or economies to simplify or expedite the nursing procedure in wards, or to promote the comfort of patients. All hospitals are being asked to contribute to this.

Round Table Conferences: (a) What is your opinion of the employment of ward maids to eliminate much of the drudgery of the

first year in nursing education? (b) How shall the valuables and clothing of patients in hospital be cared for? (c) The regulation of visitors and the supervising of gifts of fruit, etc., to patients by friends. (d) The desirability of training in tuberculosis for all nurses. (e) Single Room vs. Open Ward hospital construction. (f) The desirability of a knowledge on the part of student nurses of hospital financing with a view to the practice of economy and greater care of equipment. (g) Methods of preserving rubber and lavatory utensils. (h) Care of ward floors.

* * * *

The following information regarding hotel rates at the C. N. A. T. N. Convention in Edmonton, June 19th and following days, has been sent in by Mrs. Manson, Convener on Arrangements.

It would be wise to write as soon as possible for reservations for those intending to be present that week.

Macdonald Hotel—Single, without bath, $3.00 per day; with bath, $4.00 per day; double, without bath, $5.00 per day; with bath, $6.00 per day.

Selkirk Hotel—Single, without bath, $2.50 per day; with bath, $3.00; double, without bath, $3.50 per day; with bath, $4.00 per day.

King Edward Hotel—Single, without bath, $2.00 per day; with bath, $3.00 per day; double, without bath, $3.00 per day; with bath, $4.00.

* * * *

The above has been sent to this office by the Convener of the Programme Committee, with the request that it be given a prominent position in the magazine, and that the hearty co-operation of those able to assist Miss MacPhedran be requested.

C.A.N.E. Convention.

A telegram was received, just as the magazine went to press, that the C.A.N.E. provisional date for the annual meeting in Edmonton is June 16th and 17th, 1922. Among the subjects to be taken up are Standardized Records and Student's Christian Movement in Training Schools. Round Table topics are to be: (a) "Nursing Problems," (b) "Public Health Teaching in Training Schools," (c) "Instructor's Course." It is to be hoped that a good attendance will show interest in these subjects.

Public Health Nursing Department

OFFICERS:

Chairman—Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ont.
Vice-Chairman—Mrs. Hannington, 104 Sparks Street, Room 4, Ottawa, Ont.
Secretary—Miss Muriel Mackay, 190 University Avenue, Toronto, Ont.

Address public health news items from each province to the following representatives:

Nova Scotia
Miss Margaret McKenzie,
Department of Public Health,
Halifax.

New Brunswick
Miss Sarah Brophy,
74 Carmarthen Street,
St. John, N.B.

Quebec
Miss Lawrence,
207 St. Catherine St. West,
Montreal, Quebec.

Ontario
Miss Muriel Mackay,
190 University Avenue,
Toronto.

Manitoba
Miss Elsie J. Wilson,
798 Grosvenor Avenue,
Winnipeg, Manitoba.

Saskatchewan
Miss Nora Armstrong,
City Health Department,
Regina, Sask.

Alberta
Miss Elizabeth Clark,
Prov. Public Health Dept.,
Edmonton.

British Columbia
Miss M. A. McLellan,
1883 Third Avenue, West,
Vancouver, B.C

Programme of the Public Health Section Canadian National Association of Trained Nurses

Edmonton, June 20th, 1922.

Now that the date of the annual meeting of the C. N. A. T. N. has been fixed, many members of the Public Health Section are planning to go to Edmonton for the third week in June. The national executive has been generous in allotting two sessions of the convention to the Public Health Section.

We are delighted to announce that Miss Elizabeth B. Fox, Director of American Red Cross Nursing Service, Washington, D. C., and President of the National Organization for Public Health Nursing, United States, has been secured to address the morning session.

Miss Elsie G. Wilson, public health representative for Manitoba, has consented to convene a committee which will be responsible for providing a public health exhibit in connection with the convention.

On Monday morning, June 19th, an executive meeting and informal conference of members of the section will be held, preparatory to the session of the convention which takes place on Tuesday, June 20th.

That the convention may be the best in the history of the C. N. A. T. N., the sympathetic co-operation of every member of the Public Health Section is requested.

MORNING SESSION

Reading of Minutes of last Annual Meeting.
Report of Activities of Public Health Section, 1921-22
Business.
Paper: The Development of the Public Health Nursing Department of the "Canadian Nurse."—Miss B. L. Smellie, R. N., Instructor in the School for Graduate Nurses, McGill University, Montreal, Quebec.
Address: "How may the Public Health Section of the C. N. A. T. N. be of assistance to the Rural Nurse?"—Miss Elizabeth G. Fox, American Red Cross Nursing Service, Washington, D. C., and President of the National Organization for Public Health Nursing, United States.

EVENING SESSION

Summary of Provincial Reports on "Development of Public Health Nursing".
Discussion of outstanding features of Provincial Reports, led by Provincial representatives:—New Brunswick—Miss Sara Brophy; Nova Scotia—Miss Margaret McKenzie; Quebec—Miss Ida Lawerence; Ontario—Miss Muriel MacKay; Manitoba—Miss Elsie G. Wilson; Saskatchewan—Miss Nora Armstrong; Alberta—Miss E. Clark; British Columbia—Miss M. A. McLellan.
Summary of Provincial reports on "Minimum Standards for Public Health Courses in Canada."
Discussion led by Mrs. J. Charlotte Hannington, Chief Superintendent, Victorian Order of Nurses for Canada.
Address: "The Function of the Junior Red Cross in Canada."
Election of Officers.

The inspiring letter which follows was received from our British Columbia representative:

"I should have written you before, but time slips by so quickly when one is busy.

We had our meeting March 10th, when the sub-committee presented their report. I will enclose a copy of the report.

In connection with the report, we appointed a nurse to gather items of interest from within the province from each Department of Public Health Nursing. Items are to be sent in by the 10th of each month so that they can be put in shape for sending to the *Canadian Nurse* magazine. Another nurse was appointed to gather information from without the province. We hope to become more familiar with the work of each branch of Public Health Nursing.

At the annual convention of the British Columbia Graduate

Nurses' Association to be held April 17th, 18th and 19th, the Public Health Committee have charge of the evening programme on the 18th. We are also having a public health nursing exhibit prepared for the convention. A conference is to be held of all sections on the 19th. I will report later our success.

I brought up the matter of the programme for the Annual C. N. A., but no suggestions have been made. I will bring it up again at our next meeting.

Each nurse has sent an application form. They are sending them direct to you.

Yours sincerely,

M. A. McLELLAN,

Convener, Public Health Committee,

Graduate Nurses' Association of British Columbia."

Your Special Sub-Committee on Public Health Nursing begs to report as follows:

The Standing Committee on Public Health Nursing should work

1 *Co-operation* To establish and preserve a regular constructive and sympathetic connection among all public health nurses, firstly in the Province, secondly in the Dominion, and thirdly in the world. This may be done (a) by having communications from each district sent at regular intervals—the *Canadian Nurse* to be used largely as the means for communication until such time as the Canadian public health nurses have their own organ; (b) By arranging for conferences and institutes at such time and place as will be decided by the members.

2. *Programme.* To undertake the providing of that part of the programme for the annual and quarterly meetings of the Provincial association which concerns public health nursing, and provided that public health nursing be part of the programme for the annual meeting of the C. N. A., as may be assigned to this Province.

3. *World's work in Public Health Nursing.* To keep in touch with what is being done in the public health nursing field elsewhere, and to keep the association informed thereon.

4. *Publicity.* To work for more publicity for public health and for the carrying out of schemes for the furtherance of health.

5. *Organization Magazine.* To work for the organization at an early date of a national organization of Public Health with its own public health nursing magazine.

March 10th, 1922.

MANITOBA

Miss R. G. Livingston (Lewisham Hospital, London, Eng., 1900) resigned her position as Public Health Nurse with the Manitoba Provincial Board of Health and has since been married to Dr. William Scott, Roblin.

Miss M. Lovell (W. G. H., 1918) resigned from the Manitoba Provincial Board of Health to be married to Mr. F. Simpson, Winnipeg.

Miss E. C. MacInnes (Milford Hospital, Mass., 1916) resigned her position with the Provincial Board of Health to be married to Mr. L. Simpson, Virden, Man.

Miss Martha Sinclair (Sick Children's Hospital, Winnipeg, 1919) has resigned her position wth the Board of Health of the Province, and Miss M. R. Black has accepted a similar position.

GETTING JOHNNY READY FOR SCHOOL

I am getting Johnny ready,
It's time he entered school,
I've bought a slate and pencil,
A tablet and a rule.
Also, a good big hamper
To hold his noon-day rations—
For that's the way at the present day
Boys start their education.

At last my John may enter
First grade without a doubt,
His tonsils and appendix
And adenoids are out.
He's taken typhoid serum
And passed in vaccination,
For now they say that's the proper way
To start an education.

High School Pupil,
Gilbert Plains, Manitoba.

"If a man can write a better book, preach a better sermon, or make a better mouse-trap than his neighbour, though he build his house in the woods, the world will make a beaten path to his door."

Private Duty Nursing Department

National Convener—Miss Edith Gaskell, 397 Huron St., Toronto.

Ontario Provincial Convener—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.

Manitoba Provincial Convener—Miss Henrietta Sykes, 753 Wolsely Avenue, Winnipeg.

Secretary-Treasurer—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.

Convener Press Committee—Miss Isabel Crosby, Avenue Road, Toronto.

Radium

Whether considered from the standpoint of its physical characteristics or its therapeutic properties, radium fully justifies its reputation as the most wonderful of all known substances up to the present.

Shortly after its discovery it was realized that it did not conform to the known laws of Physics and Chemistry, and this discrepancy was so pronounced as to upset for a time the atomic theory itself. But, like every real step forward, this merely served to provide additional information, and the old atomic theory we had known in our youth was replaced by Rutherford's conception of the atom, by which our ideas of the structure of matter are enormously enriched, and the horizon of the physicist widened so that to-day the prospect is most alluring.

Rutherford's atom gives us a picture of each small particle of matter made up of an infinitesimally small central nucleus, positively charged, surrounded by a certain number of much smaller particles negatively charged. The latter are called electrons and are in constant motion about the central nucleus. The whole group is arranged in a manner almost identically the same as is any unit of our own solar system, and the divisions of matter are so infinitely small that the relative spaces within the atom are comparable to the spaces between the planets in the solar system. Is it not a wonderful conception to picture this microscopic bit of matter, built on the same relative scale as the solar system itself, held in place in the same manner and obeying the same general laws as those which control the movements of the stars and planets, our own sun and even our own little earth?

It was the study of the radio-active substances, particularly radium, which gave rise to this idea of the structure of matter. It also threw new light upon the age-long controversy regarding the

transmutation of matter. From prehistoric times man has been searching for some means of transmuting metals, always, of course, hoping to change the baser metal into the more precious one—but always without avail. But, in the radio-active substances, nature places within his hand the whole process fully perfected and in active operation—but reversed.

Starting with uranium, which is the parent source of radium, there is a continuous change going on within the atom. By a process of spontaneous disintegration there are constantly being formed atoms of elements which possess totally different chemical and physical properties. After a certain average period of existence, which may range from millions of years, as in the case of uranium, to a period of only a few seconds, as in thorium emanation, the atom undergoes a sudden explosion and yields another atom of totally different character. In this manner uranium, after three (or possibly four) such eruptions, becomes the element radium. Radium then goes through about eight more steps in this process of transmutation, finally becoming the stable element which we call lead.

But in her usual tantalizing fashion nature has reserved the process for us and proceeds from the fare and precious element towards the base and common one. Worse than this—she has locked the secret and apparently thrown away the key. We can observe this phenomenon in operation, but up to the present we have entirely failed to influence it in any way—we cannot start it or stop it; or speed it up or slow it down; or alter its operation in any particular whatsoever. This is the present problem of the physicist, and the prediction is freely made that all of these things will shortly be done (perhaps have been done while this is being written). When this has been accomplished, however, we shall have released for use a source of energy more revolutionary in its effect than was the discovery of the use of coal.

Our picture of the radium atom shows us a tiny world of ceaseless activity giving off energy without rest or interruption, and, most wonderful of all, without the necessity of being replenished. This continues for a length of time which, compared to the duration of a human life, is infinitely long.

The life of radium is expressed by a mathematical formula which states that in 1690 years it will be half gone. In the next succeeding 1690 years half of this remaining portion will be gone, etc. In this way the effective life of any quantity of radium is enormously prolonged, and during the whole of this period its activity goes on.

This activity is expressed in three ways:

1. The production of so-called alpha rays. These are small material

particles which are being constantly shot out of the center of the atom, they are expelled at a speed of from 9,000 to 12,000 miles per second, but, in spite of this high speed, do not travel far on account of their relatively large size. They are very easily stopped, being completely absorbed by so thin a substance as a thin glass wall, and are therefore of little use in medicine. They are, however, of the greatest interest to the physicist.

2. The second activity of the atom is the production of beta rays. These are also minute material particles believed to be certain of the outer ring of electrons which become dissociated from the present atom. It is certain that they are negatively charged and that they travel at the speed of light, viz, 186,000 miles per second. They are exceedingly useful in medicine, but can be entirely stopped by a very thin layer of lead.

3. The chief activity of the radium, however, is the result of the emergence from the atom of this beta particle.

When it leaves the atom it sets up a violent vibration of the remaining electrons with the production of electro-magnetic waves, which we call gamma rays. These differ from the waves used in wireless telegraphy or from visible light waves, only in their wave-length, which is infinitely short. They, too, travel at the speed of light, but their penetrating power is so great that it requires nearly three inches of solid lead to completely arrest them.

These are the rays chiefly used in radium treatment, especially in any deeply seated disease where deep penetration is necessary.

In the activity of radium, therefore, we have two particles which are material particles and wrongly called rays, viz: alpha and beta particles; and a third which is not a material at all, but simply a vibration of the ether, and which is so rapid that our human organism cannot respond to it, hence we are unable to appreciate it directly.

Yet they are all very real, and the energy they represent is enormous.

1. Any given quantity of radium will, in three-quarters of an hour, raise the temperature of its own weight of water from the freezing point to the boiling point and will keep this up during the entire life of radium.

2. The quantity of heat produced is 1400 times that of the same quantity of coal. The energy from one ton of uranium, from which radium is derived, would be sufficient, if it could be released, to light th city of London, England, for a year.

3. The wave length of the gamma rays of radium, if produced by electricity, would require a force of nearly 2,000,000 volts.

It is therefore, no idle speculation to seek to find the secret of this wonderful source of energy and to utilize it for our need.

The idea that such energy existed is not yet twenty years old, but the progress already is astounding.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

Special Nursing in the Hospital

Read at G. N. A. O. Convention, March, 1921

The title of this paper applies to those graduate nurses who are temporarily engaged in nursing individual patients in the hospital. They belong to the "Private Nursing Group" but are designated "special" while on duty in the hospital, for the purpose of differentiation.

This particular phase of private duty nursing may, for our present purpose, be divided into three main considerations—Business, Ethical, and Professional Deportment,—as the patient, hospital, and nurse are each concerned.

The determining factors which make for success or failure may briefly be summarized as follows: The nurse as she reacts on the patient and the hospital; the hospital as it reacts on the nurse and patient; and the patient as he or she reacts on the hospital and nurse. By "hospital" is here meant the entire personnel of the hospital staffs—Medical, nursing and domestic.

It is needless to state that private patients to-day are not willing to be satisfied with the divided attention of pupil nurses as they were; patients as individuals have become extravagant and self- indulgent (characteristic of the times). This fact, to a great extent, may be considered one of the underlying causes for the seeming shortage of graduate nurses.

Those of us who are dealing with private patients mostly, and directly concerned with this problem of special nursing, can vouch for the fact that patients are indulging in unnecessary "special" attention of graduate nurses. This brings us to the point: "That "special" nursing in the hospital must be considered as a distinctive branch of private duty nursing, and must be provided for as of some special concern, involving regulations applicable to the situation."

Some points of advantage and disadvantage to both nurse and hospital may be summed up as follows:

Of advantage to the hospital:

1. Conservation of pupil nurses' time
2. Hospital relieved of some direct responsibility of patient.
3. Psychological effect on patient favorable.
4. Exchange of ideas between nurses of various schools.

Of advantage to the Special Nurse:

1. Keeps her in touch with hospital routine and new methods.
2. Keeps her familiar with training school developments.
3. Gives her the opportunity of becoming acquainted with other nurses, and with the pupil nurses who are soon to be in the field of graduate nurses.
4. Regular hours of duty.
5. Convenient facilities for carrying out treatments.
6. Lessened responsibility in the care of her patient.
7. Assured a certain amount of protection in collection of fees.
8. Advantages gained by acquaintance with medical and surgical personnel of hospital staff (especially if she is a stranger in the city.)

Then of disadvantage to the Hospital:

1. Conflicting methods, involving more special direction.
2. Greater extravagance in the use of supplies.
3. Irregular meal hours.
4. Irregularity of routine of work.
5. Interference with school regulations and deportment.
6. Pupils deprived of experience in caring for very ill patients.
7. Undesirable example to pupil nurses by careless, untidy style of uniform, so often evident.

The special nurse has everything to gain, and nothing to lose by her work in the hospital.

On the Hospital devolves the ethical duty of providing:

1. A list of rules specifically directing the nurses.
2. The necessary appliances for carrying out the nursing care of her patient; the proper food as to kind and quality.
3. Kindly co-operation of its staffs—nursing, medical and domestic.
4. The assistance necessary to collection of legitimate fees due the nurse.
5. Regulations protecting her from unduly long hours—twenty-four-hour duty especially.
6. Reasonable time for reporting on duty in the morning to co-ordinate with street car time.
7. Good meals properly served.

8. Properly equipped dressing room.
9. A waiting room with signal service—for use especially during visiting hours.

The hospital should keep in mind that the nurse is the stranger within its gate, and on her good work depends the welfare of the patient, which is the hospital's special concern, and should contribute in every way possible to her assistance; not only in carrying out the necessary bedside care of her patient, but in protecting her against any undue criticism, especially the tendency to popularize complaints against the "special nurse." Ethically, it devolves upon the hospital to treat the special nurse with courtesy and a true spirit of professional sisterhood; this attitude can be made the prevailing one throughout the hospital by the influence of those in authority. No better method towards establishing good-will and harmony can be found than by appealing to the generosity of both, through their sense of appreciation; generous acknowledgment with thanks for assistance rendered—the letter to the superintendent from the "special," expressing her appreciation of assistance, and co-operation of the nurses.

It is important that the nurse keep in mind the effect of first impressions, and, on presenting herself at the training school office, do so in a businesslike manner; in keeping with hospital requirements of promptness and dispatch. If it should be her initial acquaintance with the hospital, she should present her card, bearing the name of the hospital of which she is a graduate. This method creates dispatch of business in keeping records, etc.

After the preliminaries of dressing in uniform and being conducted to the ward where her patient happens to be, she is received by the nurse in charge and introduced to her patient. She is then introduced to the ward surroundings and given directions as to where to find the necessary appliances regarding special orders, general routine of work as to time and order, method of procedure and hours of duty. In all, she should show an earnest desire to fill the bill and make herself generally adaptable.

It is needless to say that the nurse who wishes to be successful must meet each situation good naturedly, which involves adaptation, sometimes against many odds—physical deficiency in the nurse perhaps being the greatest adverse factor, owing to her generally exhausted condition as the result of long hours and difficult work, which may have a reacting effect not for the best on the patient, and others, with whom she has to deal.

The nurse must keep in mind that underlying all good business and professional procedure are the principals of ethics. The nurse who is inherently ethical in her attitude cannot fall short of business and professional correctness.

The Golden Rule, as the mirror of life, is the basis of all ethical principles. By it the reflection of good is always returned. A special nurse begins well, when she offers to assist others, by maintaining at all times a quiet, dignified demeanor; and proper recognition of training school courtesy to all officers and members of the staff; to be at all times an example of correctness in uniform and conduct to the pupil nurses; and never guilty of selfishness in the over-use of linen, food, dressing, trays, etc.

She should refer all matters of importance to the nurse in charge (even though that nurse may be only a senior pupil). This likewise applies to the supervisor and nurse in charge of the department at night. She should never be guilty of the misuse of hospital property such as towels, dressings, etc., nor should she ever be guilty of leaving temptation in the way of those who may be morally weak (by leaving her purse, for instance, on the table, or a valuable pin attached to her clothes hanging in the dressing room). She should never be guilty of carrying stories out of the hospital about her patient or others, nor should she ever be guilty of laying blame on other nurses who may be associated with her in caring for her patient.

She should not attempt at any time to select cases when called through the Registry, and should respond readily when called. She should be prompt in her work, and endeavour to carry out the hospital regulations in all pertaining thereto.

It may be considered most unbusinesslike for a nurse to frequently ask to be excused from a case for a certain time in the evening in order to attend some social affair. She should never be guilty of overcharging the authorized fee, and should even be willing to modify her fee in exceptional cases.

The nurse who is popularly designated "professional" is one who evidently has proven herself to be adequate in both the business and ethical sense—otherwise she would not have measured up on professional etiquette. One often hears the remark, "She is very professional," and we automatically elevate her in our mind to a high standard. To be professional, she must needs be familiar with regulations, and be strictly observant of same. She will at all times appear in complete regulation uniform, neat and clean—not excepting rubber heels on her boots. She will wear sensible boots, not toe slippers, nor oxfords and colored stockings. She will not be on duty decorated with flowers, nor loiter about her work in the morning and blame delay on the patient. She will not occupy the head nurse's desk; entertain house surgeons or other acquaintances; eat in the kitchen; loiter around corridors; leave unclean trays for the probationer to clean; visit around the hospital and use the phone with-

out special permission; report late on duty and perhaps report not at all; impose on the pupil nurses; nor carry out treatment without special orders; but she will, while on duty, at all times pay strict attention to duty, and show consideration to other nurses. She will, when going on and off a case, report the condition of her patient to the head nurse, and in case of death, clean up the room and leave it in proper condition ready for the next patient. If she should indulge in fancy work, she will do so with the patient's permission, and for the patient. She will be the essence of courtesy to the employees of the hospital, and show appreciation for favors to all who assist her. A timely Christmas card, or a box of candy, to the clerks who have conferred favors may be suggested.

On the other hand, as a business procedure, the hospital staff—nursing and medical—should in every way co-operate with the special nurse; make her feel that she is one of them, and that they are all working with the one purpose, keep in mind that her services are directly conserving the services of the pupil nurses and is therefor of value to the hospital, as well as to the patient who has engaged her.

The hospital should, when possible, assist in securing the payment of bills and collecting of accounts generally, even though it does not assume the legal responsibility of insuring her payment.

The hospital should not call a special nurse for those patients who, in their judgment, are poor pay. The system of allowing private patients, only, to have the services of a special nurse is protective.

It is important that there should be an exact system of reporting on and off duty, with which the special nurse should have been made acquainted on her initial visit to the hospital. Special rules, for special nurses, should be outlined and placed in a conspicuous place, (giving general direction), where they may be seen, in order to avoid personal correction for some unintentional infringement. Standing orders of the hospital should likewise be in a convenient place for the special nurse to read as may be required.

Rules such as may be followed: "Special nurses are expected to report to the lady superintendent's office when called to a case, or when off a case"; if there should be no one in the office at the time, a slip may be left by the nurse, stating that she has arrived or has left; a slip will have been placed on the desk, advising her as to the whereabouts of her patient. "To observe silence and order while in the dressing room." "To become familiar with the hospital rules by asking questions of the nurse in charge of the floor or others in authority." "To carry out orders as they are written in the order book, but on no account to carry out verbal orders; unless, in case of

immediate treatment, in case of emergency, and administered in the presence of the doctor, who will write the order as soon as conveniently possible". "To report to the nurse in charge of a floor should anything be required that she does not find in supply, but on no account visit other floors for borrowing or other purposes". "To report to the head nurse on and off duty promptly each day". "To be in complete uniform, cap and rubber heals when on duty". "To observe economy and careful use of linen and appliances". "To be subject to the day head nurse in charge of the floor and the night supervisor at night, and to refer all new orders or special orders to them before administering to her patient". "To report all matters regarding change in the patient's condition, at night to the supervisor, in the day time to the nurse in charge". "To remain in the room of her patient as much as possible, except when preparing treatments". "To keep in mind that the head nurse's desk is for the exclusive use of the head nurse and doctor and the nurse in charge of the floor at night". "To not use the phone in the main office without special permission of the medical superintendent". "To avoid loud talking and laughing while in the dining room". "To collect her own accounts, except when, through the courtesy of the clerk, they may be collected with the hospital account". "To avoid wearing jewelry such as rings or wrist watches while on duty, (wedding rings not excepted, as an aseptic precaution)". "To use the special stairway and corridor, rather than the front stairs and corridors, as may be the custom of the hospital". "To be at all times a good example to pupil nurses by conduct, neatness of uniform and nursing procedure". "To expect co-operation and courtesy from the hospital nurses".

The following questions may not be considered inopportune towards formulating a code of regulations:

1. Is twenty-four-hour duty allowed and fair to the nurse?
2. Is the so-called fifteen-hour-duty allowed and fair to the nurse?
3. If so, is it allowable for a nurse to sleep a part of that time?
4. Should a special nurse care for her patient's room and clean it as thoroughly as may be expected of nurses in training?
5. Should she dust the light shades and all parts of the room as thoroughly as is expected of the nurses in training?
6. Should the special nurse clean the rugs of her patient's room?
7. Should a nurse present herself at the hospital to special a case, if she has not been engaged through the Registry by the hospital authorities?
8. Should all nurses who go into the hospital on special duty be acceptable to the training school authorities?
9. Should the hospital feel compelled to allow any nurse on special

just because the patient and doctor wish her, regardless of who or what she is?

10. Should doctors feel that they have any more privileges in regard to sending in special nurses than they have of choosing probationers for the training school?
11. Should doctors feel that they have a right to send nurses into the hospital with their cases or for their cases without definite preliminary arrangements with the training school authorities?
12. What legal protection has the nurse in regard to collecting fees?

She should be protected by the Central Registry of which she is a member, and there is no reason why she should have difficulty in making collections in the ordinary business way of taking legal action, if she cannot secure payment by any other method. The question of her legal right to charge for a whole day if on duty only a fraction of that day is legally provided for by the technicality in reference to engagement by the hour, day, week, month or year. If engaged by the hour, she could only collect payment on the hour basis; if by the day she collects payment on the day basis, and soforth.

The hours of coming on duty in the morning for special nurses should be made 8 o'clock instead of the regular 7 a.m., in order to allow more convenient time for car service, etc.

Special nursing in a hospital may not be all sunshine and roses, but nevertheless has many favorable features in comparison with private nursing in general, in that the nurse gets a certain amount of protection from the hospital.

She herself, however, is not equal to complete harmony, even though the Golden Rule may be her guiding principle, without the same co-operative spirit on the part of the nurses of the hospital, the doctors and officers, who are all contributing factors for help or hindrance.

MARY A. CATTON,

Protestant General Hospital, Ottawa. March 1921

'Tis clear if we refuse
The means so limited, the tools so rude,
To execute our purpose, life will fleet.
What though our work
Be fashioned in despite of their ill-service,
Be crippled every way? 'Twere little praise
Did full resources wait on our good will
At every turn.—*Browning.*

C. A. M. C. Nursing Service Department.

Surely it was a strange turn of the wheel that precipitated a rigid Ontario Non-Conformist into the very heart of Popish ceremonies during the week preceding Easter, 1917. That the circumstance made a lasting impression is evident, else why should I find myself writing of it at this late date?

Having been a member of the Q. A. I. M. N. S. R. in a military hospital at Valletta for many months, and having exhausted the field of sightseeing within the area, my mind turned to a survey of the natives and their customs. Soon, I recognized that Malta is a very religious little island and the Maltese strict adherents to the Roman Catholic faith. Nowhere before had I ever seen such enthusiastic observance of festivals, fasts, and ceremonials. Palm Sunday marks the entrance to the Holy Week and the advent of Easter. In their observance of the obligations imposed by Mother Church, the Maltese evince a true and deep sincerity. All the services command full attendance, and the onlooker is struck by the apparent sorrow with which is recalled the Passion of our Lord. His Grace the Archbishop of Malta officiates during the week at St. John's Cathedral, Valletta; His Lordship, Bishop Portelli, his assistant, presiding in a similar capacity in the church of St. Paul Shipwrecked.

Here may I note for those who are not familiar with, or rather draw all attention to, the fact that the Apostle St. Paul, according to biblical information, was shipwrecked off this little island, then called Meletta, and to this day a Grotto exists with an altar called "St. Paul's Grotto." In this now is a beautiful statue of the Apostle. On Palm Sunday, in all the island churches, the palms, according to Catholic customs, are blessed and distributed. A remarkable exhibition is to be witnessed in a representation of "The Last Supper" in the chapel of the Convent, Strada St. Domenico. It is open from Wednesday, p.m., and usually attracts large numbers of the faithful and other spectators who reverently file round the long table covered with a snowy cloth and furnished with small loaves, circular cakes, paste of sorts, sweet-stuff fashioned in the form of fish, lentils, wine, fruits, etc., so apportioned on the table as to indicate, with precision,

the position of our Lord and His disciples. At 10 a.m. the following day the food is distributed to the poor. The fathers of the convent are always willing to receive strangers and assist them in viewing this highly interesting spectacle.

On Holy Thursday, Pontifical High Mass is celebrated in the Co-Cathedral, Valletta, where the ceremony of the consecration of the Holy Oils in performed, also that of washing the feet of the Apostles, represented by twelve deserving poor, in which act His Grace, following the divine example, testifies in person to the humility of the church. Each of the old men receive an Easter loaf with almonds and four shillings. Upon the conclusion of the service the bells of the island churches are silenced, being substituted by the "Cinklaita," a form of wooden clappers erected in the belfries, supposed to represent the circumstance attending the resurrection, when the veil of the temple was rent in twain amidst the rumblings of an earthquake. On the same day the repository sepulchres erected in the churches are exposed to the veneration of the faithful, who are expected to visit seven churches, in remembrance of the seven last words of our Saviour. This is very easily done, as churches are very plentiful and close together.

At 9 a.m. on Good Friday the ceremony of the "Adoration of the Cross" takes place in all churches. At 4 p.m. the famous procession of the Passion leaves the Church of Jesue, Strada San Giovanni Steps, and tours the city. Similar processions take place in the principal towns and villages, specially Citta, Vechia (the ancient capital of the island). At 8 a.m. on Saturday the ceremony of Blessing and Font takes place in the Cathedral, Valletta, and at 9 a.m. in all the island churches. Meantime the draperies enveloping the cross and obscuring the light in all sacred edifices are removed. Pontifical Mass is celebrated at 9.30, and "Gloria in Excelsis Deo" is sung, after which, on a signal from the Co-Cathedral, the bells of the churches throughout the island which have been silenced since Thursday resume their function in a simultaneous peal. (The church bells in Malta seem to be always ringing, so that, when silenced, is very noticeable).

Early on Sunday morning a time-honoured ceremony takes place in Valletta, when a statue representing "Christ Risen" is carried in procession from the Greek Church, Strada Mercanati, and afterwards dragged up the hill from the bottom of Strada Reale. On arrival in the vicinity of the church the statue is restored to its original position, and the first Easter Mass is said by the Greek Papas. Pontifical Mass follows at 9 a.m. Easter has come again! May it be added that flowers of most brilliant hues are everywhere, inside and outside of the churches, lilies in great profusion around the altars,

the many statues everywhere; even the market place and streets are laden with flowers. Wonderful tapestries hang in the churches which at other times are safely put away. Malta may well be proud of its churches. No one living in Malta at the Easter season can ever forget the scene or its impressiveness, and no one could be in Malta and not be impressed.

The scene was "a fortune of war" seen by a Canadian nursing sister, dealing, not with the 1914-18 war, but a battle fought and won, long, long, ago.

"A Reserve Sister"

The Kildonan Castle Humours

Under the esteemed patronage of Captain G. W. Armstrong and Major Chevers.

"A practical journal of instruction that does not instruct
Published every .....? When the spirit moves the publishers.
Mutte and Jeff—Publishers.
Telegraphic Address: Mutte Mediterranean.

Agents:
No. 4 Canadian General Hospital ..... Somewhere.
The Unit ..... Nowhere
John Bull ..... His Island

A.D.V.E.R.T.I.S.E.M.E.N.T.S.

WAR TIME ECONOMY—Save shoe leather and take a Driver.

CHAIRS—By special arrangement, Morris chairs may be obtained from the Chief Pirate.

WOOD—In small quantities—No loads to any one person.

FITS—While enjoying a Mediterranean trip, anyone finding the climate causing touching-fits need have no cause for alarm, as I have a sure remedy.—Sister E. F. Jones.

PHOTO EXCHANGE—Before going elsewhere, see the Grindley Exchange Company.

WANTED—A good kitten for a home—Cabin 273

X-RAY DEVELOPING DEPARTMENT—
The fiend is blest
Who does his best
And leaves the rest
To the X-Ray Press.

WANTED—A strong boy to make himself generally useful around the Barber Shop. A good opportunity for the right person. Apply in the early morning to C. E. Thompson, Boulevard Breakwater, Kildonan Castle.

ENGLISH GARMENTS—The well-known Rabbi Ben Ezra will dispose, by private sale, his stock of English Garments, he having adopted the Southern Dress.

SKEEN L. O. B. K. C.—Surgical Specialists, Special attention to fingers, Night Bell.

LADIES—Do not neglect your hair—but try "Roy Clayton's" Special Hair Wash (Large Bottle, £1 1. 0 or 3 Bottles for 7/6.

BOOKS—BUYER'S GUIDE—

"Chess and how to play it ..... Dobson.
"Readable Rhymes" ..... Scott.
"Literary Lapses" ..... Stevenson.
"Churchyard Poems" ..... Gray.
"Anonymous" ..... Grace Darling.
"Ghosts of Kildonan" ..... Sheehan.

KODAKS—Fine Emergency American Kodaks may be obtained "Duty Free" from Clayton, N.Y., U.S.A.

SECOND-HAND POST CARDS—Bastedo & Co.

SMILES—After meals try one of Spanner's sunshine smiles.

LIFEBUOY AND CARBOLIC SOAP—The 5th Engineer having purchased a large stock, is now willing to retail at wholesale prices.

FUNNING, CATCHES AND ANECDOTES

THE GENERAL ALARM—Chief, in Alarm (to Major on seeing an advance host of "Blue and Red") "Good Lord! What has come upon us?" Medical Staff in unison (with hands up) "Have Mercy; we are overcome by superior numbers."

VERY ROUGH SEA—Sister leaning over rail, and captain scanning sky and speaking from doorway just behind distressed sister: Captain—"Is the Moon up yet," Sister—Heavenly Day: Has that got to come up, too?"

Several sisters of women's war working party were chatting with the little daughter of the hostess: "I suppose you are a great help to your mother?" said one. "Oh, yes." replied the little girl, and so is Ethel; but to-day it is my turn to count the spoons after you are all gone."

LOST AND FOUND

MISSING—A Ship's Blanket. Last seen on promenade deck walking towards the rail. It is feared the loss of life has been enormous

LOST—Somewhere between sunrise and sunset, on the Island of Malta on November 7th, fifty-seven lonely sisters. No reward is offered.

LOST—Somewhere in the Mediterranean, officer's cap. Finder please return by wireless.

LOST—During Ship's stay in Malta, an engineer's mascot. Answers to several pet names. Finder please return at earliest convenience to engineer officers.

LOST—A pair of Trousers. Last seen at the end of boat-hook at Mudros Bay.

NOTICE—To all M.O's placed hors-de-combat—A delightful shave guaranteed free, gratis and for nothing.

We beg to inform our patrons and others that all our staff are genuine English, Scottish or Irish descent. No foreigners employed, likewise no Welshmen. The proximity of our preparation room enables the work to be carried out under anaesthesia if necessary, especially on patrons whose nerves are unsteady after prolonged sojourn on shore.

We might also add that our X-Ray department, quite adjacent, assures the discovery of any implements inadvertently swallowed or otherwise lost during the course of our operations.

Yours truly, LEUKOCEYTE.

ITEMS OF INTEREST

(1) The sound of the dining-room bell.
(2) The News in to-day's edition of the "Daily Mail."
(3) The final destination of the wandering "75."
(4) Where the X-Ray operator is at present.

(5) What the men were saying while coaling.
(6) How often the lift at Malta refused to act when in mid-air.
Anticipation is the best part of every adventure.

WHAT WE WOULD LIKE TO KNOW

(1) The name of the gallant M.O. who brought a souvenir from Malta, viz., "a pair of slippers of the best genuine papier-mache, manufactured on the Island, and whether they are intended for ornament or for use.

(2) The name of the M.O. who performed an acrobatic feat of no mean skill in coming on board the "Kildonan Castle" on Friday night last, and which went to prove that his was the path of righteousness ashore.

(3) Whether the Padre intends to keep all the spiritual consolation received from a high dignitory of the Island to himself, and whether it would not be fairer to share and share alike (Three Star excepted).

(4) If the disciple of Isaac Walton on board will deliver a lecture to the "Little Fishers" (sic) in Suvlas Bay if they refuse to bite and turn out to be "no trumps."

(5) Where has the missing collar belonging to our worthy anaesthetist gone, and if the effort to trace the whereabouts of same has not proved a veritable "tangled skein" (with apologies to our eminent surgeon).

(6) Why there is at present such a rush on Guinness, and if as stated it has proved a valuable antagonist to things that "crawl and creep"—hence the report (confirmed by our Bacteriologist) that many Crustaceae have been discovered all over the ship in a state of complete intoxication, thus leading to diminished capitation objugation.

(To be Continued)

Matron V. Tremaine, R. R. C., spent Easter at Toronto, the guest of Mrs. J. Fraser.

Mrs. P. Goldie (nee Nursing Sister M. M. Mills) has returned to Toronto from Calgary and other western points.

Nursing Sister Nellie Storey, who served with the Q. A. I. M. N. S. R. in England and Egypt, has been appointed Superintendent of the Union Hospital, Wodena, Saskatchewan.

Nursing Sister Mabel Stowe, who served with the Q. A. I. M. N. S. R. and C. A. M. C. in turn, has accepted the superintendency of Union Hospital, Shanavon, Saskatchewan.

Nursing Sister Marion Ruddick, R. R. C., resident in London, England, for some time past, is, according to report, making rapid progress in her violin lessons.

Among visitors to Ottawa during the month of March were Mrs. H. D. Boyd, (nee Nursing Sister L. V. Smith), of Burlington, Ontario: Mrs. J. J. Fraser, A. R. R. C. (Nursing Sister G. B. MacCullough), of Toronto: Mrs. J. D. McKenzie (Nursing Sister I. M. Lord), of Vancouver. Accompanying Mrs. Boyd was her winsome little daughter, Betty, who promises to rival her mother in sprightliness.

Hospitals and Nurses

QUEBEC

Jeffrey Hale's Hospital, Quebec.

Miss M. Gardyne (1921) has recently accepted a position on the staff of the J. H. H., Quebec.

Montreal

The C. N. A., Montreal, intend holding a bazaar in the autumn, the proceeds to go towards a new club house.

Royal Victoria Hospital.

The Alumnae dinner in honor of the class of 1922 was held on March 22nd in the Ritz-Carlton Hotel. The tables were bright with spring flowers, and an orchestra furnished delightful music. The toast to "Our Guests" was proposed by Miss Olive Fitzgibbon (1913), who told of her work in Roumania with the Canadian Nursing Mission. A large number attended, and everyone spent an enjoyable evening.

Her Excellency Lady Byng of Vimy presented the prizes, diplomas and badges to the class of 1922, on graduation day, March 28th, in the Nurses' Home. Miss Mary Eaton carried off the Alexina Dussault prize for highest number of marks obtained, and Miss Mildred Hammond Dr. Hamilton White's prize for general proficiency. To leave behind them some appreciation of the sacrifice made by the nurses who lost their lives in the great war, the class have subscribed fifty dollars ($50.00) towards the Memorial Fund. Following the presentation, tea was served.

Miss Rushbrooke, who is in charge of the Social Service Department, gave an interesting account of the work being done there, at the Alumnae meeting of April 12th.

Miss Agnes Sutherland (1916), who has been Night Superintendent of the Ross Memorial Pavilion, has taken charge of Ward B.

Miss Grace Moffat (1921) has been appointed Night Superintendent in her place.

Montreal General Hospital.

At the February meeting of the A. A. a demonstration on "Blood Transfusion" was given by Dr. C. K. P. Henry, which proved most interesting. Miss Shaw, Director of the Course for Graduate Nurses at McGill University, spoke to the nurses on this work at the March meeting. A change in the arrangements with the M. G. H. by the Sick Benefit Fund Committee was the ruling that in future if more than two rooms are occupied by sick nurses at one time, the fund accepts the financial responsibility in full.

Miss Scarlett has been engaged as industrial nurse with the Mount Royal Hotel Company, with its 800 employees on the pay roll, during the building of the hotel.

Miss Annie Reid is on the staff of the Laurentide Hospital at Grande Mere, with Miss Kathleen Smith and Miss Lillian Stewart.

Miss Pauline Carroll (1919) has accepted the position of Night Supervisor at the Montreal Maternity Hospital, and Miss Linton has resigned as Night Superintendent of the same hospital.

Miss F. Strumm has been elected Regent of the Florence Cavell Chapter of the I. O. D. E., and Miss Lucy White, Secretary.

Miss Kathleen King is doing social service work at Point St. Charles, Montreal, under the auspices of the Presbyterian Church.

Miss Molly MacDermott has resigned her position in the Social Service Department of the M. G. H.

Miss Estella MacDougall has accepted a position as Assistant in S. O. R. in the Lawrence Hospital, Bronxville, N. Y.

Miss Lulu MacIntosh is doing school nursing in Moncton, N. B.

Dr. and Mrs. Kirkland (Nora Roy, 1914) have left for St. John, N. B., where Dr. Kirkland is to be in charge of the X-Ray Department of the G. P. Hospital. Mrs. Kirkland has been an active worker in the A. A. and will be much missed.

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ONTARIO.

HAMILTON

A very successful dance was held by St. Joseph's Hospital A. A. on February 8th, the proceeds in aid of the new home for nurses in connection with the hospital.

Miss F. M. Irving (class 1920, St. Joseph's, Hospital, Hamilton), has accepted a position as nurse assistant to Dr. Hicks, Brantford, Ontario.

GUELPH.

The Guelph General Hospital A. A. invited the graduate nurses of Guelph to a tea on March 18th. Over $30.00 was realized after expenses were paid.

HAMILTON GENERAL HOSPITAL

Miss Mary Heines and Miss Buckbee have been added to the School Nurses of Hamilton.

Dr. and Mrs. Birks (Miss McGregor, H. G. H.), are home on furlough from China.

Miss Edith Davidson and Miss Ruby Smith have accepted positions on the staff of the Hamilton General Hospital.

LONDON

A most instructive lecture on Cancer was given to the Victoria Hospital Alumnae by Dr. A. J. Grant at their March meeting, with advice to teach the public the importance of early treatment of this dread disease. Discussion of the annual meeting was interesting, bringing up the important matter of Provincial Registration and the War Memorial. Miss Agnes Malloch presided over the meeting.

The A. A. of Victoria Hospital, London, Ontario, held their annual meeting recently, when a most gratifying report of the work and finances of the association was read.

An endowment of $1000, made to the Memorial Children's Hospital, still leaves the sum of $329 in the treasury after the payment of all expenses. There is a paid up membership of 150. In addition to helping with the Memorial Hospital, the members are interesting themselves in the Memorial Fund of the C.N.A.T.N., and hope to be successful in raising money for it.

Miss Della Foster was appointed delegate to the G. N. A. O. meeting, April 20th, 21st and 22nd, at Brantford. Plans were made for the annual picnic in June, at which the 1922 class will be entertained. Misses M. Walker and M. Rowe were appointed conveners.

HOSPITAL FOR SICK CHILDREN, TORONTO

Dorothy MacMillan is doing public health nursing in Birmingham, Mich.

OTTAWA

The 4th annual meeting of the Florence Nightingale Association was held March 23rd. Miss M. Catton, who has been President since its inception, was elected Honorary President, and a basket of flowers was presented to her as a small mark of appreciation of her services. Miss Gertrude Garvin was elected President; Mrs. L. M. Dawson, Vice-President; Mrs. D. S. Johnston, Recording Secretary; Miss Gertrude Bennett, Corresponding Secretary; Mrs. A. J. Mettleton, Treasurer. Members of the executive, Miss M. C. Macdonald, Mrs. E. G. Brown, Mrs. W. McPherson, Misses M. Chipman, Stevens and O Reilly. Eighteen new members were added

during the year. Assistance had been given to the survey in the interests of the unemployed. Dr. W. S. Barnhart gave a most helpful lecture on the basal metabolism test.

* * * *

MANITOBA

The annual meeting of the Manitoba Association of Graduate Nurses was held at the Red Cross headquarters, 187 Kennedy Street, Winnipeg, on Tuesday, January 31st. Over 125 nurses were present. In the morning reports of officers and committees were read. These reports showed a marked increase in membership and interest in the work of this association. Miss A. E. Gilroy outlined the history of the association.

In the president's address attention was called to the need for high ideals in nursing service, for sound knowledge of the cause and prevention of sickness, as well as of skilled care of the sick; for enthusiasm for our work, conscientiousness in doing it, and a spirit of humanitarianism in caring for the patient. Also the many opportunities of imparting our knowledge of health and disease to the public; of teaching health; of helping to reduce the appalling mortality from preventable diseases; infant mortality and death from child-birth; the necessity for active support and co-operation of each member of the association in the development of better teaching and better schools of nursing.

A most interesting and instructive paper on X-ray, by Miss Cannon, of Brandon, was read.

The Canadian Memorial Fund to nurses, whose lives were sacrificed in the Great War, was opened in the province by a grant of $100.00 by the association. Manitoba is asked to collect $4.000.00 as its quota of the $65.000 required.

In the afternoon Miss Fraser dealt with the question of "Nursing Care in Mental Diseases," showing the need for training in this neglected branch of nursing.

Mrs. Speechly interestingly outlined the plans of the Junior Red Cross work.

"The Education of the Nurse," by Miss Kinder, who emphasized the need for progress for a solid foundation on which to build a broad general training, was followed with much interest by the nurses in attendance.

Miss E. Pollexfen read a paper on "Nutritional Clinics," and described the experiments undertaken in this work by the Winnipeg General Hospital. Stress is placed upon fresh air, long sleep and plain food. Under this treatment there is immediate and marked improvement.

The final session in the evening was attended by over one hundred nurses. Dr. Halpenny spoke of that ideal nurse, Florence Nightingale, whose keen, practical mind, broad education, culture, and unselfish devotion to interests of the sick and suffering have been the inspiration of all true nurses.

Miss Mable F. Gray, of Regina, formerly of the Winnipeg General Hospital, dealt with "The Responsibility of the Community to the Nurse, and of the Nurse to the Community." She drew attention to the need of thorough training, and the giving of one's best to the work in hand. She thought that both time and money could be saved by organizing a group system in nursing. Much time is often lost by a nurse in looking after an individual patient. The solution of the problem of proper nursing facilities for the poor, and people of moderate means, would largely be found in this method. "The responsibility of the community to the nurse," said the speaker, "lies in the provision of means to carry on the work."

The last address of the session was given by the Rev. Leslie Pidgeon, D. D., whose splendid inspiring address on the building of character, of the need of following a high ideal in life and in carrying out the daily task, so that the ideal could be realized, was followed with close attention. The address maintained a high tone regarding the wrok of the nursing profession, and was much appreciated by the audience.

Miss Gemmill, of Brandon, gave an excellent paper on "Anaesthesia," giving a history of the various anaesthetics and their relative merits.

Mrs. McWilliams, in an interesting address, pointed out the value of a fifteen minutes' intelligent reading of the daily newspaper as a means of keeping in touch with the world progress.

The following officers were elected: Miss Mary Martin, re-elected President; Miss S. P. Johnson, Miss A. E. Gilroy, Sister Gallant, Vice-Presidents; Miss E. Carruthers, re-elected Secretary; Miss E. Wilson, Corresponding Secretary; Miss F. Robertson, Treasurer; Miss E. Russell, Legislative Committee.

A resolution respecting Training Schools is as follows:—

"Resolved, that the Manitoba Association of Graduate Nurses respectfully directs the attention of the Provincial Government of Manitoba to the conditions which exist regarding the establishment, maintenance and direction of Training Schoo's for Nurses in connection with the Hospitals throughout the Province.

"These institutions, offering education to women in one of the most vital and difficult of arts, are to-day totally unsupervised. They are under no obligation to maintain proper educational standards nor to provide suitable teaching material or personnel;

"The directorates of many of our hospitals endeavour to maintain good standards, but the nurses of Manitoba feel that the proper instruction of nurses is of such vital importance to the community that nursing education should be recognized, supervised and controlled by the Provincial Government, through and by the University of Manitoba, under which body the Nurses' Registration Act is at present administered."

A resolution was also passed protesting against the proposed cut in the Public Health and Child Welfare.

Miss Frances Fitzpatrick (graduate of St. Boniface Hospital) and Miss C. Macdonell, both belonging to the staff of King George Hospital, Winnipeg, have accepted positions on the staff of the Philadelphia Hospital for Contagious Diseases.

Brandon

The April meeting of the G. N. A. was held on the 8th, when Miss Day, of the Provincial Board of Health, gave a most interesting talk on the work done by that department.

It was decided to hold the annual dinner in May. A cordial invitation was extended to all members to attend the opening ceremonies of the new hospital on April 14th.

* * * *

BRITISH COLUMBIA

Miss Budge, St. Joseph's Hospital, Victoria, is on the staff of the Nanaimo General Hospital.

Miss Emma Miller (Calgary General Hospital) has resigned her position at the Royal Columbian Hospital, New Westminster, and has returned to her home on the prairie.

Miss Florence Van Wyck (Royal Columbian Hospital, New Westminster, 1920) has accepted a position in the Municipal Hospital, Philadelphia.

Miss Ethel Johnston (St. Boniface Hospital, St. Boniface Man.) is Instructress of Nurses at the Royal Columbian Hospital, New Westminster.

St. Paul's Hospital, Vancouver

The graduates of St. Paul's Hospital organized an Alumnae Association on March 22nd, 1922. A large number of nurses were present, and, after the business of the meeting was concluded, those present visited the new addition to the Nurses' Home, which was a revelation to some of the older graduates, who had few of the comforts of the students of to-day. Refreshments were served and a thoroughly enjoyable social hour was spent, when the gathering adjourned till the April meeting the first Monday in the month.

Officers are as follows: Hon. President, Sister Clarissa, Superintendent of St. Paul's Hospital; Hon. Vice-President, Sister M. Alphonse, Directress

of the School of Nursing; President, Mrs, Dorothy Bellamy, R. N.; Vice-President, Miss Anna Jackson; Secretary-Treasurer, Miss Mary Rogerson. Executive Committee, Miss Olive Till, Miss Mabel Dutton, and Miss K. McKeating.

The tenth annual meeting of the G. N. A. of B. C. was held on April 17th, 18th and 19th, 1922, at the Royal Columbian Hospital, New Westminster, B. C., with a fine attendance at all meetings. The President, Miss E. Breeze, in the chair Addresses of welcome were given by the president of the G. N. A., New Wesminster, Miss Slater, and by Dr. Rothwell, and the invocation by Rev. J. C. Switzer. Miss E. M. Morrison, president of the Victoria G. N. A., replied. The president gave her address, showing the work that had been done by the association during the ten years of its existence, which made a very creditable showing. Reports were given by the secretary, Mrs. M. E. Johnston; the treasurer and registrar, Miss Helen Randal; standing and special committees, and a special report on the third survey of the training schools of the province.

The Registrar's report showed that 289 nurses had registered during the year, and 1479 since the Act came into force in 1918.

Reports of the Committee on Public Health Nursing showed a keen interest on the part of nurses and a large membership

The Private Duty Nursing Committee was formed, with Miss Marion Currie, convenor, which held a live round table at the last session.

A report from the Memorial Committee showed progress in getting the sum of $6,500.00, with hopes that many more nurses will soon send in their individual gifts.

A resolution was passed voicing the disapproval of the association, that more than the amount voted at Quebec for the memorial had been put through by the National Executive of the C. N. A. T. N., and also that "This association disapprove of the principle of large sums of money being voted by the Executive Council of the C. N. A. T. N. without having been presented to and voted upon by the general meeting of the C. N. A. T. N." These resolutions to be sent to the C. N. A. T. N. for the annual meeting.

Reports of the Examinations held for R. N certificates showed that 80 nurses passed during the year.

Mrs. M. E. Johnston, Miss A. McLellan, Miss Kate Stott, Miss Jessie Mackenzie and Miss Helen Randal were appointed delegates to the C. N. A. T. N. meeting in Edmonton.

Mrs. E. Johns was appointed Convenor of the Committee on Nursing Education.

The evening meeting opened with a solo by Mrs. Purvis, which was appreciated. A paper, "Problems of Private Duty Nurses," by Miss Elizabeth Brown, was read by Miss I. Gibson. This was followed by a lecture with lantern slides—"The Pacific Coast Mission," by Rev. John Antle, with its views of the hospital on the coast, under the auspices of this mission—which interested the members very much. The session, given over to the public health nurses, was full of interest and instruction, under Miss A. McLellan, convenor of the Public Health Nursing Committee. Miss M. Harmon's paper, "Rural Nursing," was the first, and gave a splendid outline of the work and life of the nurse in rural communities, and was ably discussed by another nurse doing the same work in the country, Miss Prescilla Smith, of Keremeos. The paper, "Activities in Various Branches of Public Health Nursing," by Mrs. Calhoun, Superintendent of the V. O. N., Vancouver, was a summing up of all the societies and branches doing work along social service and public health lines in British Columbia. Miss Mary Ard Mackenzie, Director of the course in Public Health Nursing at the University of B. C., opened the discussion.

Miss Esther Kinney, Dietitian, gave a paper on "Nutrition," in which the very latest ideas on this subject were presented most ably. This was discussed by Miss Thompson.

Unfinished business ended the meeting proper.

Round Tables in both Public Health Nursing and Private Duty Nursing Committees were held Wednesday morning, and were well attended, when plans for the year's work were arranged.

A public health nursing exhibit was prepared by the school nursing staff, Vancouver, and by the V. O. N., Vancouver, which was much appreciated.

The Board of Directors of the Royal Columbian Hospital entertained the members to a motor trip to the Colony Farm and hospital at Essondale, where tea was served.

St. Joseph's Hospital A. A., Victoria

The association is planning to hold a big dance in the Empress Hotel on April 21st, and are sparing no effort to make this a great success.

The A. A., formed two years ago, took for its special object of work the Operating Room. A safety Goss oxygen apparatus has been presented, and its use has given great satisfaction.

The Alumnae Association will entertain the 1922 class at their dance on April 21st.

Miss M. Arent (1916) intends leaving shortly for New York to take a course in Anaesthetics.

Miss Nellie Gannon, Night Superintendent at Royal Inland Hospital, Kamloops, has resigned to take a position as office nurse with Drs. Irving and Murphy.

Miss Kilpatrick (1919) is taking a course in Social Service at the Vancouver General Hospital.

Miss Doris Taylor (1921) is on the staff of the King's Daughters' Hospital, Duncan, B. C.

Miss Alice Decker (1920) has resigned her position in the hospital at Port Angeles, Wash., and is now office nurse for Dr. Raynor and Dr. Fowler, of Victoria.

Vancouver General Hospital Alumnae Association

The many friends of Miss Beharrel will be pleased to hear that she is convalescing in Honolulu after a serious operation. Miss Beharrel has been in charge of a plantation hospital near Honolulu for some time.

Miss Alice Wright (1918) is ill in the V. G. H. Isolation Hospital with scarlet fever.

A number of the Alumnae met at the home of Miss M. Harris on April 1st, where a very pleasant evening was spent in sewing on the layettes which the Alumnae are preparing for Miss Wheeler to take back to China in the autumn. Miss Wheeler is one of the V. G. H. graduates, and has been doing missionary work in China for some time.

The staff of the V G. H. gave a very enjoyable dance in the University auditorium on April 14th in honor of Dr. MacEachern, who has been granted a year's leave of absence to act as Director General of the V. O. N.

BIRTHS

Carruthers—At the General Hospital, Prince Rupert, B. C., on March 26th, 1922, to Mr. and Mrs. A. L. Carruthers (Winona Orr, Royal Jubilee Hospital, Victoria, B. C.), a daughter.

Acland—At Prince Rupert, B. C., on January 6th, to Mr. and Mrs. A. Acland (Miss Chambers, V. G. H.,1911), a son.

Cole—At Vancouver, B. C. on April 3rd, 1922, to Mr. and Mrs. A. C. Cole, of Estevan, Saskatchewan., a son. Nursing Sister Cole was stationed at Taplow and Buxton, England, and was Miss C. M. Hamilton, graduate Royal Devon and Exeter, England.

Lavelle—At St. Joseph's Hospital Hamilton, Ontario, on January 7th, 1922, to Mr. and Mrs. R. J. Lavelle (Lorette Moore, St. Joseph's Hospital, Hamilton, 1920), a son.

Toller—On January 14th, 1922, to Mr. and Mrs. J. A. Toller (Rhea Fitzgerald, Hamilton General Hospital of Montreal), a daughter.

Billings—On April 17th, 1922, at the Bute Street Hospital, Vancouver, B. C., to Mr. and Mrs. William H. Billings, a son. Mrs. Billings was Cecilia Johnstone, Vancouver General Hospital, 1917.

Williams—In Victoria, B. C., to Mr. and Mrs. Ben Williams (Edna Gray, St. Joseph's Hospital, Victoria), a daughter.

Roney—On March 27th, 1922, at the Toronto General Hospital, to Mr. and Mrs. Cusock P. Roney, a son. Mrs Roney was Catherine MacLenan Cameron, Hospital for Sick Children, Toronto.

Lang—On February 24th, 1922, at Hillcrest Hospital, Toronto, to Mr. and Mrs. John Lang, 2514 West 40th Street, Minneapolis, Minn (Ethel Ingram, Hospital for Sick Children, Toronto), a son.

Clark—On April 6th, 1922, at Hamilton, Ontario, to Dr. and Mrs. T. Crossan Clark (Jessie MacDonald, H. S C., Toronto, 1915), a son.

Cockrill—At Ste. Rose de Luce, Man, to Mr. and Mrs. Allen Cockrill (Bessie Peach, Montreal General Hospital), a son (Alexander Trevor).

Spicer—At the Vancouver General Hospital, April 3rd, 1922, to Mr. and Mrs. Earl Spicer (Madeline Mingay, Vancouver General Hospital, 1917), a daughter (Medeline).

MARRIAGES

Campbell-Driver—Miss E. Driver, T. F. H., Weston, Ont., 1921, was married to Mr. James T. W. Campbell, of Calgary, Alta., at the home of Rev. J Macartney Willson, February 3rd, 1922.

Revely-Bond—At Christ Church, Vancouver, B. C., on March 31st, 1922, Louisa Mary Bond (V. G. H., 1911), to W. Fred Revely, of Vancouver, B. C.

Kneale-Watson—At Wesley Church, Vancouver, B. C., on March 27th, 1922, Eula Watson, daughter of Mr. and Mrs. D. H. Watson, of Edmonton, and formerly of Summerland, B. C. (graduate of the Vancouver General Hospital, 1920), to Mr. Harry A. Kneale. Mr. and Mrs. Kneale left for New Zealand.

Gofton-Macfadyen—At Sydney, Australia, on April 27th, 1921, by the Rev. Mr. Scott, Lyda, eldest daughter of the late Mr. and Mrs. Archer MacFadyen, Manilla, Ont. (St. Luke's Hospital, New York), to Norman Gofton, son of Mr. and Mrs. Gofton, Newcastle-on-Tyne, Scotland.

Hazelwood-Boyd—At the residence of the bride's father, Hamilton, Ont., on March 15th, 1922, by the Rev. R. A. Knowles, B. A., Margaret McKenzie (Daisy) Boyd (graduate of the Hamilton General Hospital), to Mr. G. R. Hazelwood, of Hamilton.

Tettley-Aubrey—In February, at the Church of St. James the Apostle, Montreal, Gertrude Aubrey (M. G. H.) to Mr. Tetley, of Shawinigan Falls, Quebec.

Nicholson-Cann—Miss Amy Cann (Montreal General Hospital), of Sidney, C. B., to J. A. Nicholson, of Halifax.

DEATHS

Watts—On March 25th, 1922, at the Ashcroft Hospital, of pneumonia, Georgina Watt, R. N. (Polyclinic Hospital, New York, 1910). Miss Watt was on the staff of Ashcroft Hospital at the time of her death, and had served during the war at Frank, Alta., and Balfour, B. C. The interment was in Vancouver. Much sympathy is expressed for her relatives by those who knew her and appreciated her worth and personality.

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THE NEW BRUNSWICK ASSOCIATION OF GRADUATE NURSES

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ALUMNAE ASSOCIATION OF JEFFREY HALE'S HOSPITAL, QUEBEC.

Honorary President, Miss Mary Shaw; President, Mrs. M. K. Craig; First Vice-President, Miss White; Second Vice-President, Miss MacKay; Recording Secretary, Miss A. Murphy, 247 St. Cyrille Street, Quebec; Corresponding Secretary, Miss Una Gale; Treasurer, Miss M. Fischer.

Executive Committee—Miss May, Miss Lenfesty, Miss C. Kennedy, Miss Black, Miss Wilson. Refreshment Committee—Miss D. Binning, Miss Fellows.

Representative to the "Canadian Nurse"—Miss V. Horner.

Sick Visiting Committee—Miss G. Mayhew, Miss E. Jack.

Regular meeting first Monday at 8 p.m.

OFFICERS OF THE ALUMNAE ASSOCIATION OF THE SHERBROOKE HOSPITAL, SHERBROOKE, QUE.

President, Mrs. Wilfred Davey; First Vice-President, Mrs. C. K. Bartlett; Second Vice-President, Miss Buchanan; Recording Secretary, Miss Jessie Saint-Denis; Corresponding Secretary, Miss Van; Treasurer, Mrs. Colin Campbell; Representative to "Canadian Nurse," Mrs. Roy Wiggett, Apt. 17, Mon. Nationale, Sherbrooke; Regular Monthly Meeting—Second Tuesday.

THE ALUMNÆ ASSOCIATION OF THE ROYAL VICTORIA HOSPITAL, MONTREAL, QUE.

Honorary President, Miss E. A. Draper; President, Miss Goodhue; First Vice-President, Miss A. L. Campbell; Second Vice-President, Miss Bellhouse; Recording-Secretary, Mrs. E. Roberts, 360 Prudhomme Avenue; Corresponding-Secretary, Miss M. A. Prescott; Treasurer, Miss Lillian Pidgeon; Treasurer of Pension Fund, Miss Milla MacLellan;; Executive Committee—Miss Hersey, Miss A. M. Hall, Miss Etter, Mrs. Stanley, Miss Guernsey, Miss B. Stewart; Programme Committee, Miss Katherine Davidson; Representative to Canadian Nurse, Miss Grace Martin; Representatives to Local Council of Women, Mrs. H. T. Lyons and Miss Winnifred Bryce; Sick Visiting Committee, Convener, Mrs. M. J. Bremner, 225 Pine Avenue West. Phone Up. 3861. Regular meeting—Second Wednesday, at 8 p.m.

THE ALUMNAE ASSOCIATION OF THE WESTERN HOSPITAL, MONTREAL

Hon. President, Miss J. Craig; President, Mrs. J. Pollock; First Vice-President, Miss C. Rowley; Second Vice-President, Miss H. Williams; Treasurer, Miss J. Craig Western Hospital, Montreal; Secretary, Miss B. A. Dyer, Western Hospital, Montreal, Quebec.

Convener of Finance Committee—Miss B. A. Birch, Western Hospital.

Convener of Programme Committee—Miss Ada Chisholm.

Convener of Membership and Visiting Committee—Miss Ethel Mount.

Convener of General Nursing Committee—Miss B. A. Birch.

Representative to Canadian Nurse—A. M. Stephens.

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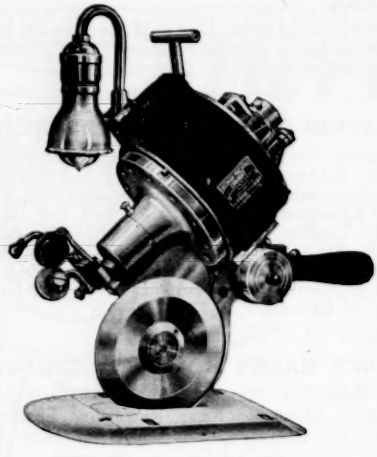

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Conveners of Committees—Finance, Miss E. F. Trench; Sick Visiting, Miss MacVicar, Miss F. Cantor.

Representative to the "Canadian Nurse"—Miss S. E. Almon Mowry, 86 St. Luke St.

Regular Monthly Meeting—Third Wednesday, 8 p.m.

THE ALUMNÆ ASSOCIATION OF THE CHILDREN'S MEMORIAL HOSPITAL TRAINING SCHOOL FOR NURSES, MONTREAL

Hon. President, Miss Willoughby; President, Miss C. Macdonald; Vice-President, Miss Elsie Wood; Secretary Treasurer, Miss K. Maddocks.

Board of Directors—Miss Armour and Miss Morris.

Canadian Nurse Representative—Miss E. G. Miller.

Regular Meeting, First Friday of each month at 8.30 p. m.

THE ALUMNAE ASSOCIATION OF THE HOMEOPATHIC HOSPITAL. MONTREAL, QUE.

Honorary President, Mrs. H. Pollock, Superintendent of Homeopathic Hospital; President, Miss M. Richards, 166 A. Mansfield Street, Montreal; First Vice-President, Miss H. O'Brien, Homeopathic Hospital; Secretary, Miss I. Garrick, 414 Pie IX Boulevard, Montreal; Assistant Secretary, Miss M. Lunny, 357 Oliver Avenue, Montreal; Treasurer, Miss N. Dickson, Homeopathic Hospital; Conveners of Committee: Finance—Miss D. Miller; Sick Visiting—Misses Beuchanan, Taylor, Swan, Barr, Sanders.

Representative to the Canadian Nurse—E. Routhier, 4 Oldfield Ave.

Regular Monthly Meeting—First Thursday at 8 p.m.

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Representative of the "Canadian Nurse" Magazine, Miss Agnes Jamieson, 975 Tupper Street, Montreal.

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Regular Meeting, First Tuesday, 8 p.m.

THE ALUMNAE ASSOCIATION OF ST. LUKE'S HOSPITAL, OTTAWA, ONT.

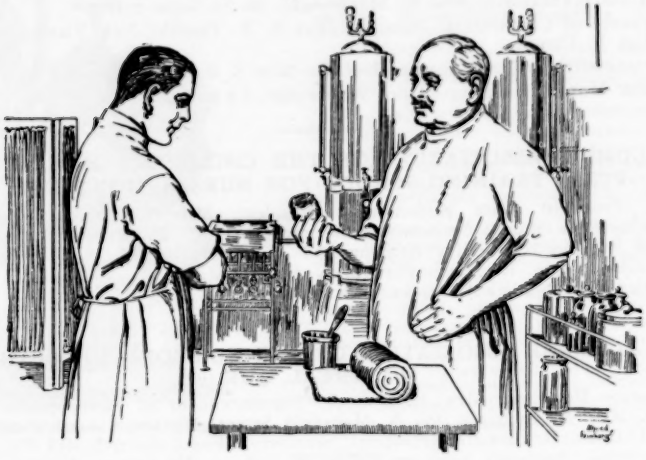
President, Miss Margaret Moore; Vice-President, Dr. M. J. McCurdy; Treasurer, Miss G. Stanley; Secretary, Miss E. Grace Woods; Nominating Committee. Miss Church, Miss Lovering, Mrs. Way.

Representative to Ottawa Chapter—Miss M. Nelson.

Representative to Local Council of Women—Miss Hewitt.

Representatives to Central Registry—Miss N. Lewis, Miss E. G. Woods.

Regular Meeting—Third Thursday, 4 p.m.



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DR. JUNIOR: "*Now, that is a new one to me—certainly.*"

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DR. JUNIOR: "*How long do you leave the tamponage in place?*"

DR. SENIOR: "*Twelve to twenty-four hours—or until the pain and temperature have abated or the indications, shown by elimination of serum from the vagina, call for a renewal of the tamponage. You see, Antiphlogistine, being composed of non-toxic antiseptics—boric acid, oil eucalyptus, oil gaultheria, and c. p. glycerine—we have the ideal material for a vaginal tampon, with cotton. The osmotic action of Antiphlogistine begins promptly, and there is also a soothing effect from this remedy, which is far better than to resort to narcotics—except in extreme cases.*"

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Representative to "Canadian Nurse"—Miss G. Lynch.

Representatives to Local Council of Women—Mrs. J. L. Chabot, Mrs. J. Doyle, Mrs. C. Devitt, Mrs. A. Poulton, Miss I. MacElroy.

Representative to Catholic Women's League—Mrs. J. L. Chabot.

Regular Meetings—First Friday of each month, at 8 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF GRADUATE NURSES, OTTAWA.

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Members of Executive and Convenors of Committees—Membership, Mrs. C. J. McPherson; Sick Visiting, Mrs. Geo. Brown; Programme, Miss M. C. MacDonald; Nominating, Miss L. C. Stevens; "Canadian Nurse," Miss M. Chipman, Miss E. V. O'Reilly.

Representatives to Local Council of Women are the officers.

Meeting, Third Thursday at 8 p.m.

LADY STANLEY INSTITUTE ALUMNAE, OTTAWA

Honorary President, Miss Mary A. Catton, Superintendent of Nurses, Lady Stanley Institute.

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(Affiliated Members of G. N. A. of Ontario)

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